

LIST OF ACCOMPANYING APPENDICES

APPENDIX

DESCRIPTION

- | | |
|---|---|
| 1 | Order Setting Execution Date; Death Warrant (August 12, 2022) |
| 2 | Prison medical records of Stephen Barbee (updated to 2022) |
| 3 | Declaration of Stephen Barbee (2021, re arm immobilization) |
| 4 | Declarations of Adrián de la Rosa (2021 and 2022) |
| 5 | Neurological evaluations of Stephen Barbee by Dr. Pamela Blake (2021 and 2022) |
| 6 | Letter to TDCJ attorney Kristen Worman from A. Richard Ellis seeking information as to execution procedures (Sept. 9, 2021) |
| 7 | Response of TDCJ attorney Amy Lee refusing to divulge information relating to Mr. Barbee's execution (Sept. 16, 2021) |
| 8 | Grievance forms submitted by Mr. Barbee seeking information as to execution procedures (2021-2022) |
| 9 | Photo of Texas execution gurney showing rigid armrests |

APPENDIX 1



TARRANT COUNTY

Thomas A. Wilder

District Clerk

August 12, 2022

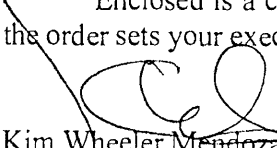
sent via regular U.S. Mail

Stephen Dale Barbee
TDCJ #00999507
Polunsky Unit
3872 FM 350 South
Livingston, Texas 75803

RE: Order Setting Execution Date

Dear Sir:

Enclosed is a certified copy of this Court's Order signed August 12, 2022. Please note that the order sets your execution for November 16, 2022.


Kim Wheeler Mendoza
Deputy District Clerk
Tarrant County, Texas

/noc

Enclosure:

Cc:

Debra Gibbs, Director
Records & Classification
PO Box 99
Huntsville, Texas 77340

A. Richard Ellis
Attorney at Law
75 Magee Avenue
Mill Valley, California 94941-4532

Sharen Wilson
Tarrant County District Attorney
401 W. Belknap
Fort Worth, Texas 76196-0101

Deana Williamson
Court of Criminal Appeals
PO Box 12308
Austin, Texas 78711

Stephen Hoffman
Assistant Attorney General,
Criminal Appeals Division
P. O. Box 12548
Austin, Texas 78711

Benjamin Wolf
Office of Capital Writs
1700 N. Congress Ave., #460
Austin, TX 78701



ATTEST: 08/12/2022
 THOMAS A. WILDER
 DISTRICT CLERK
 TARRANT COUNTY, TEXAS
 BY: /s/ Kim Wheeler-Mendoza

THE STATE OF TEXAS

VS.

CAUSE NO. 1004856R

STEPHEN DALE BARBEE

§
§
§
§
§
§
§

IN THE 213TH DISTRICT

COURT OF

TARRANT COUNTY, TEXAS

DEATH WARRANT

To the Director of the Correctional Institutions Division of the Texas Department Of Criminal Justice at Huntsville, Texas, or in case of his death, disability or absence, the Warden of the Huntsville Unit of the Correctional Institutions Division of the Texas Department of Criminal Justice or in the event of the death or disability or absence of both the Director of the Correctional Institutions Division of the Texas Department Of Criminal Justice and the Warden of the Correctional Institutions Division of the Texas Department Of Criminal Justice, to such person appointed by the Board of Directors of the Correctional Institutions Division of the Texas Department Of Criminal Justice, Greetings:

Whereas, on the 23RD day of FEBRUARY, A.D. 2006, in the 213TH District Court of Tarrant County, Texas, STEPHEN DALE BARBEE was duly and legally convicted of the crime of Capital Murder, as fully appears in the judgment of said Court entered upon the minutes of said court as follows, to-wit: Judgment attached and,

Whereas, on the 27TH day of FEBRUARY, A.D., 2006 the said Court pronounced sentence upon the said STEPHEN DALE BARBEE in accordance with said judgment fixing the time for the execution of the said STEPHEN DALE BARBEE for any time after the hour of 6:00 p.m. on WEDNESDAY, the 16TH day of NOVEMBER, A.D., 2022, as fully appears in the sentence of the Court and entered upon the minutes of said Court as follows, to-wit: Sentence attached.

These are therefore to command you to execute the aforesaid judgment and sentence any time after the hour of 6:00 p.m. on WEDNESDAY, the 16TH day of NOVEMBER, A.D., 2022, by intravenous injection of substance or substances in a lethal quantity sufficient to cause death and until the said STEPHEN DALE BARBEE is dead.

Herein fail not, and due return make hereof in accordance with law.

Witness my signature and seal of office on this the 12TH day of AUGUST, A.D., 2022.

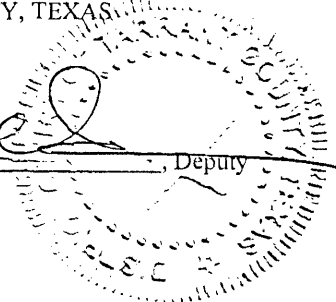
Issued under my hand and seal of Office in the City of Fort Worth, Tarrant County Texas this 12TH day of AUGUST, 2022.



THOMAS A. WILDER,
 CLERK OF THE DISTRICT COURTS OF
 TARRANT COUNTY, TEXAS

BY

Deputy





ATTEST: 08/12/2022
THOMAS A. WILDER
DISTRICT CLERK
TARRANT COUNTY, TEXAS
BY: /s/ Kim Wheeler-Mendoza

RETURN OF THE DIRECTOR OF THE TEXAS DEPARTMENT OF CORRECTIONS

Came to hand, this the ____ day of _____, ____ and executed the ____ day of _____, ____ by the death of

STEPHEN DALE BARBEE

DISPOSITION OF BODY:

DATE:

TIME:

CORRECTIONS

DIRECTOR OF TEXAS DEPARTMENT OF

BY: _____



A CERTIFIED COPY
ATTEST: 08/12/2022
THOMAS A. WILDER
DISTRICT CLERK
TARRANT COUNTY, TEXAS
BY: /s/ Kim Wheeler-Mendoza

1004856R

Death Warrant and Execution Order for STEPHEN DALE BARBEE was hand-delivered by the Sheriff of Tarrant County to Texas Department of Criminal Justice, Classification and Records on this _____ day of _____, 20__.

Received by:

Delivered by:

Bryan Collier, Executive Director
Texas Department of Criminal Justice

Sheriff



A CERTIFIED COPY
 ATTEST: 08/12/2022
 THOMAS A. WILDER
 DISTRICT CLERK
 TARRANT COUNTY, TEXAS
 BY: /s/ Kim Wheeler-Mendoza

FILED
 THOMAS A. WILDER, DIST. CLERK
 TARRANT COUNTY, TEXAS

AUG 12 2022

Cause No. 1004856R

TIME 12:20 p
KW DEPT

THE STATE OF TEXAS	§	IN THE 213TH JUDICIAL
	§	
v.	§	DISTRICT COURT OF
	§	
STEPHEN DALE BARBEE	§	TARRANT COUNTY, TEXAS

DUPLICATE ORDER SETTING EXECUTION DATE

Before the Court is the State's Third Motion for Court to Enter Order Setting Execution Date, filed on July 15, 2022. The Court finds that the motion should be **GRANTED** and a date of execution be set in this case.

I.

Defendant Stephen Dale Barbee was convicted of capital murder on February 23, 2006, for intentionally causing the deaths of Lisa Underwood and Jayden Underwood during the same criminal transaction. After the jury returned an affirmative answer to the future dangerousness special issue and a negative answer to the mitigation special issue, this Court sentenced the Defendant to death by lethal injection on February 27, 2006.

The Court of Criminal Appeals of Texas affirmed the Defendant's conviction and death sentence on direct appeal on December 10, 2008, and the Supreme Court of the United States denied his petition for a writ of certiorari on October 5, 2009. *See Barbee v. State*, 2008 WL 5160202 (Tex. Crim. App. 2008) (unpublished), *cert.*



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ATTEST: 08/12/2022
THOMAS A. WILDER
DISTRICT CLERK
TARRANT COUNTY, TEXAS
BY: /s/ Kim Wheeler-Mendoza

denied, 558 U.S. 856, 130 S.Ct. 144, 175 L.Ed.2d 94 (2009). The Court of Criminal Appeals of Texas denied the Defendant's original state application for writ of habeas corpus on January 14, 2009, and his subsequent application on May 8, 2013. *See Ex parte Barbee*, 2009 WL 82360 (Tex. Crim. App. 2009) (unpublished); *Ex parte Barbee*, 2013 WL 1920686 (Tex. Crim. App. 2013) (unpublished).

The United States District Court for the Northern District of Texas, Fort Worth Division, denied the Defendant's petition for writ of habeas corpus on July 7, 2015. *See Barbee v. Stephens*, 2015 WL 4094055 (N.D. Tex. 2015) (unpublished). The United States Court of Appeals for the Fifth Circuit denied the Defendant's certificate of appealability in part on November 23, 2016, and affirmed the denial of his petition for writ of habeas corpus on March 21, 2018. *See Barbee v. Davis*, 660 Fed. Appx. 293 (5th Cir. 2016); *Barbee v. Davis*, 728 Fed. Appx. 259 (2018). The Supreme Court of the United States denied the Defendant's petition for writ of certiorari on November 19, 2018. *See Barbee v. Davis*, 2018 WL 3497292 (2018). There is currently nothing before this Court to prevent an execution date from being set.

II.

This Court previously set an order for the Defendant's execution on October 2, 2019. *See Order Setting Execution Date*. On September 23, 2019, the Court of Criminal Appeals stayed the Defendant's execution so that it could consider a claim that the Defendant suffered structural error due to his trial counsel improperly



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DISTRICT CLERK
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BY: /s/ Kim Wheeler-Mendoza

overriding his Sixth Amendment right to insist that counsel maintain his innocence. *See* Order Staying Execution. On February 10, 2021, the Court of Criminal Appeals dismissed the Defendant's claim because it was previously legally available and because it did not allege facts entitling him to relief. *Ex parte Barbee*, ___ S.W.3d ___, 2021 WL 476477, at *8 (Tex. Crim. App. February 10, 2021). Mandate was issued on March 8, 2021.

III.

This Court re-set the defendant's execution for October 12, 2021. *See* Order Setting Execution Date. On October 1, 2021, the defendant filed an application for writ of habeas corpus alleging that recent disclosures regarding the medical examiner buttress his innocence claim and raise questions about the fairness of his trial and that the execution protocol used by the Texas Department of Criminal Justice (TDCJ) will subject him to cruel and unusual punishment due to his well-documented arm immobility and range-of-motion disabilities. *See Ex parte Barbee*, 2021 WL 4713629, at *1 (Tex. Crim. App. October 8, 2021). The Court of Criminal Appeals dismissed this application because the defendant failed to make a *prima facie* showing on his first allegation and his second allegation raises a non-cognizable claim. *See Ex parte Barbee*, 2021 WL 4713629, at*1. There is no state court impediment to setting the defendant's execution.



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TARRANT COUNTY, TEXAS
BY: /s/ Kim Wheeler-Mendoza

IV.

On September 21, 2021, the defendant filed a federal lawsuit pursuant to 42 U.S. §1983 alleging that TDCJ will carry out his execution in a manner that will violate his religious rights because they will prevent his chosen spiritual advisor from having physical contact and praying with him during the execution process. *See Barbee v. Collier*, 566 F.Supp.3d 726, 729 (S.D.Tex. 2021). On October 7, 2021, the United States District Court stayed the defendant's execution until the State allows his chosen spiritual advisor in the execution chamber, authorizes contact between Barbee and his spiritual advisor, and allows his spiritual advisor to pray during the execution. *See Barbee v. Collier*, 566 F.Supp.3d at 738-39. In granting this stay, the Court recognized the pendency of an identical claim involving identical decisions by the same prison officials before the United States Supreme Court in *Ramirez v. Collier*. *See Barbee v. Collier*, 566 F.Supp.3d at 735.

On March 24, 2022, the United States Supreme Court issued its *Ramirez* decision holding that, under the Religious Land Use and Institutionalized Persons Act of 2000 (RLUIPA):

1. Prison officials cannot impose a total ban on audible prayer by spiritual advisors; rather, they may only impose reasonable restrictions such as limiting the volume or requiring silence during critical points in the execution process and allowing the spiritual advisor to speak only with the inmate; and



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ATTEST: 08/12/2022
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TARRANT COUNTY, TEXAS
BY: /s/ Kim Wheeler-Mendoza

2. Prison officials cannot impose a categorical ban on religious touching; rather, they may only require that the touching not interfere with either the insertion of the IV line or the medical team's unobstructed view of that line during the execution process.

Ramirez v. Collier, ___ U.S. ___, 142 S.Ct. 1264, 1280-81, 212 L.Ed.2d 262 (2022).

Given this guidance from the United Supreme Court regarding spiritual advisors in the execution chamber, there is no federal court impediment to setting the defendant's execution.

V.

IT IS THEREFORE EVIDENT that Defendant has exhausted his avenues for relief through the state and federal courts, and further there are no stays of execution in effect in this case.

ACCORDINGLY, IT IS HEREBY ORDERED that the Defendant, Stephen Dale Barbee, who has been adjudged to be guilty of capital murder as charged in the indictment and whose punishment has been assessed by the verdict of the jury and judgment of the Court at **DEATH**, shall be kept or taken into the custody of the Director of the Correctional Institutions Division of the Texas Department of Criminal Justice until the **16th DAY OF NOVEMBER 2022**, upon which day, at the Correctional Institutions Division of the Texas Department of Criminal Justice, at some time after the hour of six o'clock p.m., in a room designated by the Correctional



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ATTEST: 08/12/2022
THOMAS A. WILDER
DISTRICT CLERK
TARRANT COUNTY, TEXAS
BY: /s/ Kim Wheeler-Mendoza

Institutions Division of the Texas Department of Criminal Justice and arranged for the purpose of execution, the said Director, acting by and through the executioner designated by said Director, as provided by law, is hereby commanded, ordered and directed to carry out this sentence of death by intravenous injection of a substance or substances in a lethal quantity sufficient to cause the death of the Defendant, Stephen Dale Barbee, until Stephen Dale Barbee is dead. Such procedure shall be determined and supervised by the said Director of the Correctional Institutions Division of the Texas Department of Criminal Justice.

IT IS FURTHER ORDERED that the **Clerk of this Court** shall issue and deliver to the **Sheriff of Tarrant County, Texas**, a **Death Warrant** in accordance with this sentence and Order, directed to the Director of the Correctional Institutions Division of the Texas Department of Criminal Justice, at Huntsville, Texas, commanding the said Director, to put into execution the Judgment of Death against Stephen Dale Barbee.

The Sheriff of Tarrant County, Texas IS HEREBY ORDERED, upon receipt of said Death Warrant, to deliver said Warrant to the Director of the Correctional Institutions Division of the Texas Department of Criminal Justice, Huntsville, Texas together with Defendant Stephen Dale Barbee.

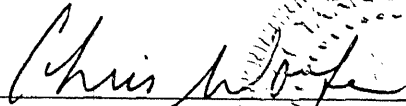


A CERTIFIED COPY
ATTEST: 08/12/2022
THOMAS A. WILDER
DISTRICT CLERK
TARRANT COUNTY, TEXAS
BY: /s/ Kim Wheeler-Mendoza

IT IS FURTHER ORDERED that the Clerk of this Court shall immediately deliver a copy of this order, by first-class mail, e-mail, or fax not later than the second business day after the Court enters the order, *see* **TEX. CODE CRIM. PROC. ART. 43.141(b-1) (1) & (2)**, to:

- a. Defendant's attorney of record, Mr. A. Richard Ellis, 75 Magee Avenue, Mill Valley, California 94941-4532 (a.r.ellis@att.net);
- b. The attorney who represented the Defendant in the most recently concluded stage of a state or federal post-conviction proceeding;
- c. Mr. Ben Wolff, Director, Office of Capital and Forensic Writs, 1700 N. Congress Ave., Suite 460, Austin, Texas, 78701 (Benjamin.Wolff@ocfw.texas.gov);
- d. Mr. Stephen Hoffman, Assistant Attorney General, Criminal Appeals Division, P.O. Box 12548, Austin, Texas 78711 (Stephen.Hoffman@oag.texas.gov); and
- e. The post-conviction unit of the Tarrant County Criminal District Attorney's Office, all within the same time frame.

SIGNED this 12TH day of August 2022.


CHRIS WOLFE, JUDGE
213TH JUDICIAL DISTRICT COURT
TARRANT COUNTY, TEXAS

APPENDIX 2

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:21 PM

Scanned by HUMBERTO DELA D in facility POLUNSKY (formerly TERRELL) on 05/15/2006 06:52

Copy 1 of 1

MAY 04 2006

RADIOLOGY

POLUNSKY (formerly TERRELL)


MEDICAL

DEANNA E OVERBECK, NP UPIN: 222586

Patient Address

2872 FM 350 SOUTH
LIVINGSTON TX 77351

Date of Exam: 5/8/06
Radiologic Tech: PS

Patient Name	Patient TOC#	Order ID#
BARBEE, STEPHEN D	999507	13824045
Age: 39 Y Sex:	DOB: 03/30/1967	SSN:
X-Ray Jacket:		
Guardian:		
Phone:		
BARBEE, STEPHEN D 39 Y 03/30/1967 POLUNSKY (formerly TERRELL) 999507 DEANNA E OVERBECK, NP POLUNSKY (formerly TERRELL) 13824045 05/03/2006 13:46 		

unable to raise arms X 1 yr, w/o pain
numbness to arms

POLUNSKY (formerly TERRELL)

Test Code

Description

Order Date/Time

Film

ICD-9

Urgency

36111

SHOULDER X RAY

right shoulder-bil shoulder pain-unable to raise arms above head

05/03/2006 13:46

Films: 1 05/03/2006 13:46

13824045002

719.41

ROUTINE

36111

SHOULDER X RAY

left shoulder-bil shoulder unable to raise arms above head

05/03/2006 13:46

Films: 1 05/03/2006 13:46

13824045003

719.41

ROUTINE

BILATERAL SHOULDERS:

Within normal limits. There is no evidence of acute fracture or subluxation.

William Gonzalez, M.D.
Radiologist

dread: 5/10/06

dd: 5/10/06

dt: 5/10/06

jbm

5/14/06
1458
Danner

NOTE: Please use the barcode number associated with each procedure as your Sample ID.



PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:59:05 AM

RECEIVED

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 09/11/2006 12:21
SUBJECT: State briefly the problem for which you desire assistance

SEP 08 2006

I need to see the nurse, my elbows are swollen. They look like large blisters. I have asked for extended cuffs twice, once in May-06-then the last week in August-06. I have been denied twice. Now I'm worse. Every time I'm cuffed, the guards have to pull and twist my arms together. I had a visit 9-7-06. The guards had to twist really hard and now my elbows are swollen and hurting a lot worse. I take a shower pretty much every other day and ~~now none~~ for rec, because I can't afford being pulled and twisted on. Now it's worse - why am I having so many problems to get medical help. While y'all stall - I'm getting worse.

Name: Stephen Barbee

NO: 999507

Unit: POLUNSKY

Living Quarters: 12 BA-4

Work Assignment:

DISPOSITION: (inmate will not write in this space)

PSC

N. Dubek NP-C

9-11-06

I-60 (Rev. 11-90)

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:14 AM

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING**

Patient Name: BARBEE, STEPHEN D **TDCJ#:** 999507 **Date:** 09/12/2006 11:25 **Facility:** POLUNSKY (formerly TERRELL)
Age: 39 Years **Race:** W **Sex:**
Most recent vitals from 09/12/2006: BP: 106 / 80 (Sitting); Wt: 196 Lbs.; Height: 69 In.; Pulse: 96 (Sitting) ; Resp: 14 / min; Temp: 96.6 (Oral)
Allergies:

Patient Language: ENGLISH Name of interpreter, if required: NA
--

Today's Problem: SCR 09/09/2006

S: C/O BOTH ELBOWS SWOLLEN WITH FLUID & PAINFUL WITH USUAL HANDCUFFS

O: BILATERAL ELBOWS = FLUID FILLED; PAIN WITH MOVEMENT OF BILATERAL ELBOWS FOR EXAMINATION;
REQUESTING ORDER FOR EXTENDED HANDCUFF PASS

A: HEALTH SEEKING BEHAVIOR

Plan is as follows: MS HANSON,NP NOTIFIED WITH ORDERS TO HAVE PT BROUGHT TO CLINIC FOR ASSESSMENT
THIS AFTERNOON; TO BE ARRANGED

Procedures Ordered:

NURSING LEVEL2 COMPLETE VISIT: joint pain involving other specified sites

Electronically Signed by CURRY, LISA G R.N. on 09/12/2006.
##And No Others##

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:59:05 AM

SUBJECT: Stephen Barbee, et al.
Scanned by HUMBERT, DELIA D in facility POLUNSKY (formerly TERRELL) on 09/25/2006 10:53

SEP 23 2006

I need medical help! I've been here almost 7 months and I'm taking 6 pills per day, which are not helping. I have gotten worse, because of no medical help I need! I've wrote several I-60's that say the medicine doesn't help. It's at a point now where I'm having trouble washing my hair, and cleaning myself when I go to the rest room.

And this is where I have to draw the line! My family is ready to step this up by hiring an attorney to see I receive medical treatment. It's bad when I can't clean myself!!

Name: Stephen Barbee

Living Quarters: 12 BA-4

No: 999507

Unit: Polunsky

Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

PSC

H. Barbee, et al. v. PSC

9/25/06

LEO (Rev. 11-00)

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:59:05 AM

Scanned by HUMBERT DELA D. on 10/26/2006 13:29
SUBJECT: State briefly the problem on which you desire assistance.

OCT 28 2006

Three weeks have gone by. Why haven't I been able to talk to Gal. Hospital. I know it doesn't take this long.

These guards are hurting me more and more because of my shoulders and arms can't be cuffed with the small cuffs. The only ones they will use - Guards have told me that they are assaulting me because they have to pull and twist to be able to cuff me.

Because the medical Dept isn't hold up your end of the deal!!

Name: Stephen Barbee No: 999 507 Unit: Polunsky
Living Quarters: 12 BA - 4 Work Assignment:

DISPOSITION: (Inmate will not write in this space)

you are scheduled feb 2007 to see the orthopedic doctor

I-50 (Rev. 11-90)

H. Humbert DELA D. ENFVAC

10/20/07

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:23 PMCORRECTIONAL MANAGED CARE
HEALTH SERVICES REFERRAL REQUESTI. OFFENDER NAME: BARBEE, STEPHEN D TDCJ#: 999507 FACILITY: POLUNSKY
(formerly TERRELL)

DOB: 03/30/1967 AGE: 41 Years SEX: RACE: W UTMB UH#:

II. CONSULT REQUESTED: ☒ UTMB Clinic Specialty Service: neuro
☐ Telemed Conference Specialty Service:
☐ Free World Facility (Name of Facility):
☐ TDCJ Clinic (Location of Clinic [Facility]):
Specialty:III. Category of Consult: ☒ Expedite (Within 1 month)
☐ Routine (Within 1-6 months)

IV. DIAGNOSIS: (Please include clinical history, exam, lab, and X-ray findings)

hx 400 lb pipe fell on top of head has difficulty ambulating requiring walker and atrophy of l arm and leg

V. REQUESTED PROCEDURE/TREATMENT:

eval and rec

VI. MEDICAL/DENTAL REASON FOR REQUEST:

has recognizable atrophy of arm and leg

VII. Referring Provider: zond

Date: 08/08/2008 13:04

Phone#:

Electronically Signed by ZOND, ALAN D.O. on 08/08/2008.
Electronically Signed by MCCLURE, MONICA L on 08/11/2008.
##And No Others##

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:59 AM

Scanned by BOSKEY, PATRICIA S OCA in facility POLUNSKY (formerly TEBRELL) on 08/22/2008 10:17

I-60 Stephen Barbee 999507
12 AF-77

8-19-08

Polunsky

RECEIVED
AUG 20 2008

Dr. Zand,

PSC RRLWZ
8-20-08

Over 3 yrs ago a pipe fell on me. I was knocked out and rushed to the hospital by Ambulance. I've been trying to get the proper help since then. I'm getting worse by the day. I ~~now~~ have to use a walker.

I can feel that its severe nerve damage.
My left arm is 1 1/2" ^(dia) smaller than my right.
My right leg is 1" smaller (dia) than my left.
My muscle's are being depleted rapidly.

UTMO took
an MRI of a
neck in April of
2007.
I have 3 herniated
cervical discs.

Please allow me to see a nerve specialist! Please. I know they will be able to help me. I want and need to get better besides this pain of going through this process of losing muscle is extremely painful which I'm getting nothing that helps. Things are pinched, and it burns. Sometimes making my finger's go numb. My left arm is getting where I can't use it very well!
It's obvious I have nerve damage from what I have become, and how my body looks. (I've only read about it)

Will you please allow me (or someone) allow me the pain medicine for this type of injury until I see someone for it. I hurt so bad I can't stand it! Please! It hurts mostly to ly down.
Please send me to a Neurologist so I, at lease won't get any worse. Hopefully they can treat and repair my damage it's cased over the last 3 years of waiting for help! Please help me!

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:23 PMCORRECTIONAL MANAGED CARE
HEALTH SERVICES REFERRAL REQUEST

I. OFFENDER NAME: BARBEE, STEPHEN D TDCJ#: 999507 FACILITY: POLUNSKY (TL)

DOB: 03/30/1967 AGE: 42 Years SEX: RACE: W UTMB UH#: ECCESSION #:

II. CONSULT REQUESTED: ☒ UTMB Clinic Specialty Service: neurosurgery
☐ Telemed Conference Specialty Service:
☐ Free World Facility (Name of Facility):
☐ TDCJ Clinic (Location of Clinic [Facility]):
Specialty:III. Category of Consult: ☒ Expedite (Within 1 month)
☐ Routine (Within 1-6 months)IV. DIAGNOSIS: (Please include clinical history, exam, lab, and X-ray findings)
hx 400 lb pipe fell on top of head has difficulty ambulating requiring walker and atrophy of l arm and legV. REQUESTED PROCEDURE/TREATMENT:
eval and recVI. MEDICAL/DENTAL REASON FOR REQUEST:
has recognizable atrophy of arm and legVII. Referring Provider: Hanson Date: 07/24/2009 0849
Phone#:

Radiologist's Recommendations:							
If ordering an X-ray Consult, complete this section: EXAMINATIONS PERFORMED							
Date	Exam Code	Resource	Begin Time	End Time	# Films	# Repeats	Tech #
PT. IDENTIFIERS:							
DIAGNOSIS CODE:							
PRECAUTIONS Pregnant <input type="checkbox"/> Isolation <input type="checkbox"/> Diabetic <input type="checkbox"/> Allergies <input type="checkbox"/> Other <input type="checkbox"/>				SCHEDULING APPT. DATE <input type="text"/> APPT. TIME <input type="text"/>			

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:26 PMCORRECTIONAL MANAGED CARE
MEDICAL AND MENTAL HEALTH TRANSFER SCREEN
PARTS III & IVPATIENT NAME: BARBEE, STEPHEN D TDCJ#: 999507 DOB: 03/30/1967
FACILITY: POLUNSKY (TL)
DATE: 08/15/2009 12:37

ALLERGIES: MOBIC

LATE ENTRY FOR 8/14/09 1600

III. FACILITY OF ASSIGNMENT

Transfer Information:

Return From: ☐ Specialty Clinic Appt ☐ Inpatient bed ☐ Inpatient MH/Crisis Mgmt☐ Newly Assigned

Current/History of treatment for Health Problem or Chronic Condition?

MEDICAL ☒ DENTAL ☐ MENTAL HEALTH ☐ SUBSTANCE ABUSE ☐

If yes, describe: R. HIP DEGENERATION

Currently taking any medications?

☒ Yes ☐ No

PRINT PASS ATTACHED:

☒ Yes ☐ No

Directly Observed Therapy?

☐ Yes ☒ No

KEEP ON PERSON?

☒ Yes ☐ No

Do you have a current health care complaint? NO

MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐

If yes, describe:

GENERAL APPEARANCE:

Clean ☒ Dirty ☐ Neat ☐ Sloppy ☐

SKIN:

Cuts:

☐ Yes ☒ No

Bruises:

☐ Yes ☒ No

Sores:

☐ Yes ☒ No

PHYSICAL DEFORMITIES:

☒ Yes ☐ NoIf YES, describe: RT. ARM DOES NOT EXTEND AT ELBOW COMPLETELY, PT. USES WALKER TO AMBULATE DOE STABILITY
DUE TO RT. HIPDRGENERATION

OFFENDER'S PRESENT ORIENTATION:

What is today's date? 8/14/09
Time? EVENING
What place is this? TL/ DRAlert ☒ Not Alert ☐Oriented ☒ Not Oriented ☐

SPEECH:

Fluent ☒ Mumbling ☐ Shouting ☐ Refuses to talk ☐

BEHAVIOR:

Angry ☐ Crying ☐ Cooperative ☒ Happy ☒Other:

DO YOU HAVE CURRENT THOUGHTS ABOUT SUICIDE?

Yes ☐ No ☒

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:26 PMCORRECTIONAL MANAGED CARE
MEDICAL AND MENTAL HEALTH TRANSFER SCREEN
PARTS III & IVPATIENT NAME: BARBEE, STEPHEN D TDCJ#: 999507 DOB: 03/30/1967
FACILITY: POLUNSKY (TL)
DATE: 08/25/2009 13:15

ALLERGIES: MOBIC

III. FACILITY OF ASSIGNMENT

Transfer Information:

Return From: ☐ Specialty Clinic Appt ☐ Inpatient bed ☐ Inpatient MH/Crisis Mgmt☐ Newly Assigned

Current/History of treatment for Health Problem or Chronic Condition?

MEDICAL ☒ DENTAL ☐ MENTAL HEALTH ☐ SUBSTANCE ABUSE ☐

If yes, describe:

R Hip Degeneration

Currently taking any medications?

☒ Yes ☐ No

PRINT PASS ATTACHED:

☒ Yes ☐ No

Directly Observed Therapy?

☐ Yes ☒ No

KEEP ON PERSON?

☒ Yes ☐ No

Do you have a current health care complaint?

MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐

If yes, describe:

GENERAL APPEARANCE:

Clean ☒ Dirty ☐ Neat ☐ Sloppy ☐

SKIN:

Cuts:

☐ Yes ☒ No

Bruises:

☐ Yes ☒ No

Sores:

☐ Yes ☒ No

PHYSICAL DEFORMITIES:

☒ Yes ☐ No

If YES, describe:

Rt arm does not extend @ elbow completely, pt uses walker to ambulate DOE stability due to Rt hip degeneration

OFFENDER'S PRESENT ORIENTATION:

What is today's date? 8-25-09
Time? 1:00pm
What place is this? PolunskyAlert ☒ Not Alert ☐Oriented ☒ Not Oriented ☐

SPEECH:

Fluent ☒ Mumbling ☐ Shouting ☐ Refuses to talk ☐

BEHAVIOR:

Angry ☐ Crying ☐ Cooperative ☒ Happy ☐Other:

DO YOU HAVE CURRENT THOUGHTS ABOUT SUICIDE?

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:26 PM

CORRECTIONAL MANAGED CARE
MEDICAL AND MENTAL HEALTH TRANSFER SCREEN
PARTS III & IV

PATIENT NAME: BARBEE, STEPHEN D TDCJ#: 999507 DOB: 03/30/1967
FACILITY: POLUNSKY (TL)
DATE: 11/03/2009 20:27

ALLERGIES: MOBIC

III. FACILITY OF ASSIGNMENT

Transfer Information:

Return From:	<input checked="" type="checkbox"/> X	Specialty Clinic Appt	<input type="checkbox"/>	Inpatient bed	<input type="checkbox"/>	Inpatient MH/Crisis Mgmt	<input type="checkbox"/>
--------------	---------------------------------------	-----------------------	--------------------------	---------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	Newly Assigned
--------------------------	----------------

Current/History of treatment for Health Problem or Chronic Condition?

MEDICAL	<input type="checkbox"/>	DENTAL	<input type="checkbox"/>	MENTAL HEALTH	<input type="checkbox"/>	SUBSTANCE ABUSE	<input type="checkbox"/>
---------	--------------------------	--------	--------------------------	---------------	--------------------------	-----------------	--------------------------

If yes, describe:

Cars:

Mental Health Cars 0 First Observed 02/28/2006 02:11PM
Medical Cars 2 First Observed 12/08/2007 04:25PM

Mental Health:

Mental Health Behavioral Observations First Observed 02/28/2006 02:11PM
No Diagnosis Or Condition On Axis I First Observed 02/28/2006 02:12PM

Not Specified:

Mental Status Exam First Observed 02/28/2006 02:11PM
Tinea Pedis First Observed 04/11/2006 07:39AM
Headache First Observed 04/11/2006 07:39AM
Otitis Media First Observed 04/25/2006 09:15AM
Face/neck/head Injury First Observed 04/25/2006 09:15AM
Shoulder Disorder First Observed 05/03/2006 01:47PM
Joint Pain Involving Other Specified Sites First Observed 09/12/2006 11:50AM
Lipoma First Observed 09/12/2006 04:20PM
Edema First Observed 11/29/2006 09:53AM
Dna Specimen Collection First Observed 12/12/2006 11:01AM
Annual Ppd Skin Test First Observed 02/07/2007 03:54PM
Rhinitis, Colds First Observed 04/10/2007 08:30AM
Back Disorder Nec/nos First Observed 12/08/2007 04:26PM
Dental Cars 0 First Observed 12/12/2007 11:18AM
Extremity Pain First Observed 03/07/2008 11:11AM
Misc Diagnosis First Observed 04/05/2008 08:42AM
S/p Hip Replacement First Observed 10/30/2009 03:21PM

Currently taking any medications?

<input checked="" type="checkbox"/> X	Yes	<input type="checkbox"/>	No
---------------------------------------	-----	--------------------------	----

PRINT PASS ATTACHED:

<input checked="" type="checkbox"/> X	Yes	<input type="checkbox"/>	No
---------------------------------------	-----	--------------------------	----

Directly Observed Therapy?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> X	No
--------------------------	-----	---------------------------------------	----

KEEP ON PERSON?

<input checked="" type="checkbox"/> X	Yes	<input type="checkbox"/>	No
---------------------------------------	-----	--------------------------	----

Do you have a current health care complaint?

MEDICAL	<input type="checkbox"/>	DENTAL	<input type="checkbox"/>	MENTAL HEALTH	<input type="checkbox"/>
---------	--------------------------	--------	--------------------------	---------------	--------------------------

If yes, describe:

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:53 AM

Access to DOCTORS' INFORMATION IS LIMITED TO THE DOCTORS' OFFICE ONLY. State briefly the problem on which you desire assistance.

DEC 08 2009

~~DEC~~ December 7, 2009
(Medical)

Medical tells me to write these request, So Why don't you help me?
I finally spoke to, what I believe was a VIMB Doctor
on Dec. 4, 2009, for what I thought I made request for. My arm & leg
I spoke and explained everything that's hurting and what's wrong with
me, yet the Doctor "ONLY" would talk about my ankle.
I have repeatedly asked for medical help for my left arm going on (4) years now!
My Arm is locked and I need to see why its locked and hurts
So BAD! My arm is locked up because of refused medical care.
Why is Medical ignoring my Many request. Not only with written
request, but that VIMB Doctor wouldn't do anything - Why?

Name: Stephen Barker

No: 999.507

Unit: Polinsky

Living Quarters: 12 AF 72

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

PSC
12-8-09
af

SB

I-60 (Rev. 11-90)

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:53 AM

CLINICAL NOTE

POLUNSKY (TL)

Patient Name: BARBEE, STEPHEN D

MRN: 999507

Social Security #:

X-RAY ORDERED (EMR ORDER) Entered 12/22/2009 15:45 by GRAHAM, PENNY M RT(R)

ELBOW X RAY (12/16/2009 21:38; ORDER 25864119-001) LEFT ELBOW----CHRONIC PAIN, DECREASED
ROM ORDER DELETED AS DUPLICATE ORDER DUE TO LT

ELBOW EXAM DONE ON 12/14/09.

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:23 PMCORRECTIONAL MANAGED CARE
HEALTH SERVICES REFERRAL REQUEST

I. OFFENDER NAME: BARBEE, STEPHEN D TDCJ#: 999507 FACILITY: POLUNSKY (TL)

DOB: 03/30/1967 AGE: 43 Years SEX: RACE: W UTMB UH#: ACCESSION #:

II. CONSULT REQUESTED: X UTMB Clinic Specialty Service: O-SPINE
 _____ Telemed Conference Specialty Service:
 _____ Free World Facility (Name of Facility):
 _____ TDCJ Clinic (Location of Clinic [Facility]):
 _____ Specialty:

III. Category of Consult: X Expedite (Within 1 month)
 _____ Routine (Within 1-6 months)

IV. DIAGNOSIS: (Please include clinical history, exam, lab, and X-ray findings. If ordering with contrast, include results for BUN/Cr.)
 WORSENING RADICULOPATHY IN BOTH UPPER AND LOWER EXTREMITIES DUE TO C-SPINE DJD

V. REQUESTED PROCEDURE/TREATMENT:
 EVAL FOR POSS SURGERY

VI. MEDICAL/DENTAL REASON FOR REQUEST:
 UNABLE TO SUPPORT SELF W WALKER

VII. Referring Provider: ZOND Date: 04/30/2010 17:55
 Phone#:

Radiologist's Recommendations:							
If ordering an X-ray Consult, complete this section: EXAMINATIONS PERFORMED							
Date	Exam Code	Resource	Begin Time	End Time	# Films	# Repeats	Tech #
PT. IDENTIFIERS:							
DIAGNOSIS CODE:							
PRECAUTIONS				SCHEDULING			
Pregnant _____ Isolation _____ Diabetic _____ Allergies _____				APPT. DATE _____ APPT. TIME _____			

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:51 AM

Scanned by PRAME, SANDRA C. in Facility POLUNSKY (TL) on 07/08/2010 14:24

(6-15-10) 6th Request.

JUN 17 2010 01:00

Medical

Medical has known for 3 years that I need surgery
on my neck, I'm losing the range of motion on my last good arm!

Will medical allow me to have surgery on my
neck. YES or NO?

(This was handed
to a nurse)

(6-1-10 sick call ~~was~~ had been scheduled with provider)
so said 6-1-10 HMO - (15) Days ago!

Name: Stephen Barbée

No: 999507

Unit: Polunsky

Living Quarters: 12-AF 72

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Response: You have an ortho appt. scheduled.
Massachusetts 6/17/10

I-60 (Rev. 11-80)

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:51 AMSIR: State health, the patient
Scanned by BRAME, SANDRA C in facility POLUNSKY (TL) on 9/27/2019 10:41

PAT: MR. Attkin, Medic

JUL 28 2010

7-21-10

My health condition has been getting worse as time goes by. I have write 1-601 and grievances over my situation, Yet my problem remains. I have had two M&I's (which has shown the same thing) the first April 2007. (Three years ago) Since then I have lost a great deal of the range of motion in my left arm. (I can't touch my face) Well, my right arm is starting to do the same as my left. I have symptoms of nerve damage. If medical continues to delay my medical care I won't be able to take care of myself. My arm's will be shot! I'm asking for help in this!

Name: Stephen Barber

No: 98507

Unit: Polinsky

Living Quarters: 12-AF72

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

MR: You have
an appointment at H.C.
soon. Please keep appointment
J. Lawrence
7/20/10

01-00 (Rev. 11-00)

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:26 PM

CORRECTIONAL MANAGED CARE
MEDICAL AND MENTAL HEALTH TRANSFER SCREEN
PARTS III & IV

PATIENT NAME: BARBEE, STEPHEN D TDCJ#: 999507 DOB: 03/30/1967
FACILITY: POLUNSKY (TL)
DATE: 08/18/2010 20:10

PREVIOUS SUICIDE ATTEMPT?

Yes ☐ No ☒

IV. Review of Offender's Health Record

Date of last: PPD 02/17/10 CXR 07/19/06

N/A: x Date of last mammogram: Date of next mammogram:

X-RAYS received:

Yes ☐ No ☒

Meds received:

Yes ☐ No ☒

DOT:

Yes ☐ No ☒

Health problems:

shoulder disorder, headache, tinea pedis, face/neck/ head injury, otitis media, lipoma, back disorder, joint pain, s/p hip replacement, rhinitis, extremity pain, edema

Meds:

ASPIRIN EC 325MG TABLET, 1 TABS ORAL QD
LACTULOSE 10GM/15ML 473ML, 30 ML ORAL QD
NAPROXEN 500MG TABLET, 1 TABS ORAL BID
NORTRIPTYLINE HCL 50MG CAPSULE, 1 CAPS ORAL BID

	Rec'd		Exp'd		MD Reorder	
	Rec'd		Exp'd		MD Reorder	
	Rec'd		Exp'd		MD Reorder	
	Rec'd		Exp'd		MD Reorder	
	Rec'd		Exp'd		MD Reorder	
	Rec'd		Exp'd		MD Reorder	
	Rec'd		Exp'd		MD Reorder	
	Rec'd		Exp'd		MD Reorder	
	Rec'd		Exp'd		MD Reorder	
	Rec'd		Exp'd		MD Reorder	

Treatments/Special Care/Follow-up/Diets/Appointments:

transportation restriction: wheelchair van

Add to Chronic Clinic:

Yes ☐ No ☒

Chart for review to:

CID ☐

DISPOSITION OF OFFENDER:

No health care needs or immediate referrals to medical necessary ☒

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:20 PM

Scanned by MILLER KELLIE L CCA in facility POLUNSKY M.J. on 12/09/2010 14:09

Page 2 of 4

CMC-TDCJ PAYOR

CMC-TDCJ PLAN

Problem List

Problem List	Priority	Class	Noted-Resolved	Never Reviewed
Weakness of Left Upper Extremity [729.89AH]			8/18/2010 - Present	
Cervicalgia [723.1]			8/18/2010 - Present	
Lumbago [724.2]			8/18/2010 - Present	
Muscle Weakness of Lower Extremity [728.87Z]			8/18/2010 - Present	

Allergies as of 8/18/2010

Allergies as of 8/18/2010	Noted	Type	Date Reviewed 8/18/2010
Meloxicam	7/3/2008		Reactions Unknown - See comments

Vitals - Last Recorded

Vitals - Last Recorded	Vital
HT	5' 10" (1 778 m)
WT	193 lb (87 544 kg)

BMI Data

BMI Data	Body Surface Area
Body Mass Index 27 69 kg/m ²	2 08 m ²

Order Information

Date and Time	Ordering User	Department
8/18/2010 2 48 PM	Bobbie Jo Thompson, MD	Tdc Neurosurgery

Ordering Provider Info

Ordering provider	Pager number	Office number
THOMPSON, BOBBIE JO [0010211]	231619	409-772-6203

Provider Information

Ordering User	Ordering Provider	Authorizing Provider
Bobbie Jo Thompson, MD	Bobbie Jo Thompson, MD	Aaron Mohanty, MD
PCP		
Estelle Unit		

Order Details	Frequency	Dosage	Priority	Order Class
	None	None	Routine	UTMS

Order Questions

Question	Answer	Comment
Isolation:	None	
Renal Failure:	Unobtainable	
Note Renal (Kidney) Function		
Patient's Weight:	193 lb (87.544 kg)	
Note Weight		
Who is the ordering provider?	THOMPSON, BOBBIE JO	
Risk Factors	UNKNOWN	

Comments

S/SX, Dx: Stephen Dale Barbec is a 43 year old male with neck pain and bue pain,

Barbec, Stephen Dale (MR # 870529Q) Printed by Kellie L Miller [KELMILLE] at 12/9/... Page 2 of 4

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:26 PM

POLUNSKY (TL)

Patient Name: BARBEE, STEPHEN D

MRN: 999507

=====

REFERRAL PENDING HG SUB-SPECIALTY (INC OPTOM, B&L)

Entered On: 07/11/2011 10:30

Entered By: MCCLURE, MONICA L.

HG NEURO, X, SHAMSEE -BIL UPPER EXTREMITY PAIN NEUROPATHIC IN CHARACTER ----- Referral
has been denied 7/7/11. HG COMMENTS: "Being followed and approved for NRSRG. Denied."
"Defer to NRSRG."

REFERRAL PENDING HG SUB-SPECIALTY (INC OPTOM, B&L)

Entered On: 07/11/2011 12:31

Entered By: MCCLURE, MONICA L.

HG RHEUM, X, SHAMSEE - R/O RHEUM ARTHRITIS - LYMES DISEASE -----HG requests additional

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:19 PM

Correctional Managed Care
RADIOLOGY REPORT

Date Transcribed: 07/27/2011 08:38

Patient Name: BARBEE, STEPHEN D TDCJ#: 999507 Date: 07/27/2011 08:38 Age: 44 year Race: W Sex: male
DOB: 03/30/1967
Patient's Facility: POLUNSKY (TL)
Date Performed: 7/22/11
Current Exam: RT HAND, BILAT WRISTS, LT ELBOW
Reason for Exam: Pain, no trauma.
Radiologist Name: Julius Danziger, M.D.
Date Dictated: 7/27/11

RADIOLOGIST INTERPRETATION:

RIGHT HAND:

No recent fracture or acute bony pathology can be identified. Articular relationships are intact. Soft tissues are within normal limits.

RIGHT WRIST:

Degenerative changes are seen within the radiocarpal joint. These changes are longstanding. No acute changes seen.

LEFT WRIST:

Degenerative changes are seen within the radiocarpal joint. Nothing acute.

There is deformity of the base of the 5th metacarpal, which could be secondary to an old fracture.

LEFT ELBOW:

There is destruction of the radioulnar and humeroulnar joints. This is thought to be longstanding. The exact definition of the joint spaces is not possible on the visualized films.

Sclerosis is seen. The appearances are longstanding with secondary degenerative osteoarthritis.

Is there any clinical evidence to suggest old trauma with a possible dislocation and/or fracture through the elbow joints? A definite fracture is not seen on this exam.

IMPRESSION:

There is an advanced degenerative osteoarthritis with destruction of the radioulnar/radiohumeral joints. The underlying etiology for this appearance is not known. However, the changes are thought to be longstanding.

smg

Electronically Signed by DANZIGER, JULIUS M.D. on 07/27/2011.
##And No Others##

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:19 PM

Correctional Managed Care
RADIOLOGY REPORT

Date Transcribed: 07/27/2011 08:38

Patient Name: BARBEE, STEPHEN D TDCJ#: 999507 Date: 07/27/2011 08:38 Age: 44 year Race: W Sex: male
DOB: 03/30/1967
Patient's Facility: POLUNSKY (TL)
Date Performed: 7/22/11
Current Exam: RT ELBOW, BILAT HIPS
Reason for Exam: Elbow pain w/decreased ROM, no trauma; Lt hip pain w/o recent trauma; Rt hip pain s/p arthroplasty, no recent trauma.
Radiologist Name: Julius Danziger, M.D.
Date Dictated: 7/27/11

RADIOLOGIST INTERPRETATION:

RIGHT ELBOW:

There is prominence of the anterior fat pad.

Mild degenerative changes are seen within the elbow joint. No acute changes seen. No osteoporosis.

LEFT HIP:

No recent fracture or acute bony pathology can be identified. Articular relationships are intact. Soft tissues are within normal limits.

RIGHT HIP:

Prosthesis is seen in position within the right hip joint. There is no loosening seen. No further changes noted.

Comparison with a previous examination of 12/14/09 shows similar appearances within the left elbow and right hip joint.

smg

This document has been corrected by DANZIGER, JULIUS M.D. on 07/27/2011.
Electronically Signed by DANZIGER, JULIUS M.D. on 07/27/2011.
###And No Others###

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:22 PM

UTMB CORRECTIONAL MANAGED CARE
HEALTH SERVICE REFERRAL REQUEST
RADIOLOGY REPORT

Date Transcribed: 07/27/2011 08:38

Patient Name: BARBEE, STEPHEN D TDCJ#: 999507 Date: 07/27/2011 08:38 Age: 44 year Race: W
Sex: male DOB: 03/30/1967
Patient's Facility: POLUNSKY (TL)
Date Performed: 7/22/11
Current Exam: RT ELBOW, BILAT HIPS
Reason for Exam: Elbow pain w/decreased ROM, no trauma; Lt hip pain w/o recent trauma; Rt hip pain s/p arthroplasty, no recent trauma.
Radiologist Name: Julius Danziger, M.D.
Date Dictated: 7/27/11

RADIOLOGIST INTERPRETATION:

RIGHT ELBOW:

There is prominence of the anterior fat pad.

Mild degenerative changes are seen within the elbow joint. No acute changes seen. No osteoporosis.

LEFT HIP:

No recent fracture or acute bony pathology can be identified. Articular relationships are intact. Soft tissues are within normal limits.

RIGHT HIP:

Prosthesis is seen in position within the right hip joint. There is no loosening seen. No further changes noted.

Comparison with a previous examination of 12/14/09 shows similar appearances within the left elbow and right hip joint.

PROVISIONAL DIAGNOSIS:

Bilateral hip pain. Decreased ROM of right hip.

REQUESTED TREATMENT or PROCEDURE: (Radiology contrast studies require current BUN/Creatinine documented on referral. Specify requested procedure and anatomical location.)

Evaluate and treat.

Referring Provider: JACKSON, DIANE FNP Date: 10/03/2011 Phone Number: _____

OFFENDER NAME: BARBEE, STEPHEN D TDCJ#: 999507 FACILITY: POLUNSKY (TL)

Chart Export for: BARBEE, STEPHEN D

DOB: 03/30/1967 SSN: _____

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:23 PM

CSMS210 1. D. C. J. - INSTITUTIONAL DIVISION
HEALTH SERVICE SYSTEM
DATE 07/14/11 REFERRAL TIME 07:28:33
UNIT COPY

NAME: BARBEE, STEPHEN DALL NUMBER: TDC#: 00999907 UNIT: 1.
BIRTHDATE: 03-30-67 AGE: 44 SEX: M RACE: W REFERRING UNIT: 1.
REFERRAL DATE: 07-07-11

REFERRAL SOURCE REQUESTED: FACILITY: HOSPITAL GALT
SPECIALTY: RHEUMATOLOGY
CATEGORY: EXPEDITED
NOTED CLINIC: NO
DMS CLINIC: NO
TRANSFER: CHAIN

REFERRING PHYSICIAN'S COMMENTS:

44 Y/O MALE WITH MULTIPLE JOINT PAIN FOR PAST 3 YRS INVOLVING SHOULDERS, ELBOWS, WRISTS, FINGERS, KNEES. PATIENT HAS BEEN LOSING ROM OF HIS ELBOWS LEFT > RIGHT. PT CONCERN THAT HE WAS TESTED POSITIVE FOR LYME DISEASE IN 2005. PT ALSO REPORTS THAT HIS FATHER HAS R/O RHEUMATOID ARTHRITIS. PLEASE EVAL FOR PROGRESSIVE ARTHRITIS - R/O RHEUMATOID ARTHRITIS AND LYME DISEASE. ****7/13/11 DR SHAMSEE: ESR ON 7/7/11 IS 40 (ELEVATED), CRP 7/8/11 IS 4.3 (ELEVATED) RHEUMATOID FACTOR 22 7/8/11 (POSITIVE). STRONG FAMILY HISTORY IMPORTANT THAT PT BE SEEN ASAP****

REFERRING PHYSICIAN: SHAMSEE, SATEEN (MD)

PHONE: 936-967-8282

REGIONAL MEDICAL/DENTAL DIRECTOR REVIEW

REQ MD/DDS: MAYER, DAN (PA) REQUEST: APPROVED 07/14/11

REGIONAL MED/DENTAL DIR. COMMENTS:

WHAT DIAGNOSTIC TEST BEEN DONE TO CONFIRM PT'S DX?

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:14 PMUTMB CORRECTIONAL MANAGED CARE
Hospital Galveston Telemedicine Clinic Note**Offender Name:** BARBEE, STEPHEN D **TDCJ#:** 999507 **DATE:** 08/08/2011 13:50 **Facility:** HOSP.GALVESTON

Age: 44 year Race: W Sex: male

Date of Last Vitals: 8/8/2011 BP: 149 / 98 (Sitting) Pulse: 93 (Sitting) Temp: 98.2 (Oral) Weight: 202 Lbs. Height: 70 In.**CURRENT MEDICATIONS:**

TYLENOL 325MG, 2 TABS ORAL TID

ECOTRIN EC 325MG, 1 TABS ORAL QD

TEGRETOL 200MG, 1 TABS ORAL BID

MOTRIN 800MG, 1 TABS ORAL TID

Special Instructions: TAKE WITH FOOD

ENULOSE 10GM/15ML ML, 30 ML ORAL QD

PAMELOR 50MG, 2 CAPS ORAL BID

ACTIVE PROBLEMS:**ALLERGIES:** MOBIC**Patient Language:** Name of interpreter, if required:

Pt reports continued polyarticular joint pains, joint swelling, limitations of movement of hips, shoulders and elbows, and prolonged morning stiffness.

Labs and x-rays reviewed.

Impression: Inflammatory arthritis

Labs do not support a diagnosis of Lyme arthritis and the erosions seen on elbow film are unusual (albeit not unheard of) for Lyme arthritis. Awaiting anti-CCP.

Rec: Trial of prednisone 15mg po daily. Will reassess at telemedicine visit in 4 weeks. If patient has significant response to prednisone will start immunosuppressant such as hydroxychloroquine. Pt counseled on potential adverse effects.

Electronically Signed by HARPER, BROCK E. M.D. on 01/09/2012.
##And No Others##

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:22 PMUTMB CORRECTIONAL MANAGED CARE
HEALTH SERVICE REFERRAL REQUEST

OFFENDER NAME: BARBEE, STEPHEN D TDCJ#: 999507 FACILITY: POLUNSKY (TL)

DOB: 03/30/1967 AGE: 44 year SEX: male RACE: W
UTMB UH#: ACCESSION #:FACILITY CODE: HG

Transportation:	A: Ambulance	<input checked="" type="checkbox"/>	C: Chain	<input type="checkbox"/>	M: MPV	<input type="checkbox"/>	N: None	<input type="checkbox"/>	V: VAN	<input type="checkbox"/>	W: Wheelchair Van
-----------------	--------------	-------------------------------------	----------	--------------------------	--------	--------------------------	---------	--------------------------	--------	--------------------------	-------------------

CONSULT CATEGORY:	Expedite	<input checked="" type="checkbox"/>	Routine	<input type="checkbox"/>	Telemedicine	<input type="checkbox"/>	(Urgent - Call UR @ 800.605.8165)
-------------------	----------	-------------------------------------	---------	--------------------------	--------------	--------------------------	-----------------------------------

SPECIALTY SERVICE:

ABURN (Adult Burn)	NRSRG (Neurosurgery)	<input checked="" type="checkbox"/>	PT (Physical Therapy)
ALLG (Allergy)	OBYN (Obstetrics & Gynecology)	<input type="checkbox"/>	PUL (Pulmonary)
AUDHA (Hearing Aid Fitting & Repair)	OBSUG (Obstetrics/Fetal Ultrasound)	<input type="checkbox"/>	RHEUM (Rheumatology)
AUDIO (UTMB Diagnostic Audiology)	OFOOT (ORTHO Foot)	<input type="checkbox"/>	SLEEP (Sleep Lab)
CARCL (CARDI CATH & EP Lab)	OHAND (ORTHO Hand)	<input type="checkbox"/>	SPATH (Speech Pathology)
CARDI (Cardiology)	OHIP (ORTHO Hip)	<input type="checkbox"/>	URO (Urology)
CAREP (CARDI Pacemaker Clinic)	ONC (Medicine Oncology)	<input type="checkbox"/>	VSDAC (Dialysis Access)
CARHS (CARDI Heart Station)	ONCR (Radiation Oncology)	<input type="checkbox"/>	VSLAB (Vascular Lab)
CTSRG (Thoracic Surgery)	OPHCR (OPHL/Cornea)	<input type="checkbox"/>	VSPL (Transplant)
DERM (Dermatology)	OPHG (OPHL/Glaucoma)	<input type="checkbox"/>	VSSRG (Vascular Surgery)
DEXA (Bone Densitometry)	OPHID (OPHL/Infectious Disease)	<input type="checkbox"/>	WCARE (Wound Care)
DMECR (Endocrinology)	OPHL (Ophthalmology)	<input type="checkbox"/>	XBBX (Breast Biopsy)
EEG (Electroencephalogram)	OPHPL (OPHL/Complicated Plastics)	<input type="checkbox"/>	XBUS (Breast Ultrasound)
ENT (Ear/Nose/Throat)	OPHRT (OPHL/Retina)	<input type="checkbox"/>	XCT (CT)
ESLD (End Stage Liver Disease)	OPHS (OPHL/Strabismus)	<input type="checkbox"/>	XMMG (Mammogram)
GI (Gastroenterology)	OPROS (Ocular Prosthesis)	<input type="checkbox"/>	XMRI (MRI)
GIEND (GI Endoscopy)	OPTOM (Optometry)	<input type="checkbox"/>	XMRIS (MRI Sedative)
GNSRG (General Surgery)	ORSRG (Oral Surgery)	<input type="checkbox"/>	XNUCL (Nuclear Medicine)
GYNUR (Gynecology Urology)	ORTHO (Orthopedic)	<input type="checkbox"/>	XPET (PET)
HEAR (Facility Screening Audiogram)	ORTSP (ORTHO Spine)	<input type="checkbox"/>	XRAY (General X-Ray)
HEM (Hematology)	OT (Occupational Therapy)	<input type="checkbox"/>	XUSG (US)
HEPC (Hepatitis C)	PAIN (Pain Clinic)	<input type="checkbox"/>	
INFDS (Infectious Disease)	PHLEB (Phlebotomy)	<input type="checkbox"/>	
LBX (Liver biopsy)	PLSRG (Plastic Surgery)	<input type="checkbox"/>	
NCV (Nerve Conduction Study)	PMR (Physiatrist)	<input type="checkbox"/>	
NEPH (Nephrology)	PREG (Routine OB Appt)	<input type="checkbox"/>	
NEURO (Neurology)	PROST (Prosthesis / B&L)	<input type="checkbox"/>	

DIAGNOSIS SPECIFIC HISTORY AND CLINICAL FINDINGS / SUPPORTING LAB AND X-RAY FINDINGS:

44 y/o male with inflammatory arthritis. Patient has decrease ROM of left elbow, Right hip joint. Generalised weakness. He uses a walker to walk.

PROVISIONAL DIAGNOSIS:

Inflammatory arthritis.
Decreased ROM of left elbow, right hip joint. s/p right hip surgery

REQUESTED TREATMENT or PROCEDURE: (Radiology contrast studies require current BUN/Creatinine documented on referral. Specify requested procedure and anatomical location.)

Evaluate and treat.

OFFENDER NAME: BARBEE, STEPHEN D TDCJ#: 999507 FACILITY: POLUNSKY (TL)

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:22 PMUTMB CORRECTIONAL MANAGED CARE
HEALTH SERVICE REFERRAL REQUESTReferring Provider: SHAMSEE, SYED-SALEEM I. M.D. Date: 09/28/2011 17:46 Phone Number: _____

(For UTMB Radiology Department Use Only)

Radiologist's Recommendations:

If ordering an X-ray Consult, complete this section: EXAMINATIONS PERFORMED

Date	Exam Code	Resource	Begin Time	End Time	# Films	# Repeats	Tech #

PT. IDENTIFIERS:

DIAGNOSIS CODE:

PRECAUTIONS

Pregnant	<input type="checkbox"/>	Isolation	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>
Allergies <u>MOBIC</u>					

SCHEDULING

APPT. DATE: _____ APPT. TIME: _____

Electronically Signed by SHAMSEE, SYED-SALEEM I. M.D. on 09/28/2011.
 Electronically Signed by MCCLURE, MONICA L. on 09/29/2011.
 Electronically Signed by MARTIN, REMEMBER C. CCA on 10/12/2011.
 Electronically Signed by PARKER, JENNIFER D. CCA on 10/13/2011.
 ##And No Others##

OFFENDER NAME: BARBEE, STEPHEN D

TDCJ#: 999507

FACILITY: POLUNSKY (TL)

Chart Export for: BARBEE, STEPHEN D

DOB: 03/30/1967 SSN: _____

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:22 PM

CSIM6810 T. D. C. J. INSTITUTIONAL DIVISION
HEALTH SERVICE SYSTEM
DATE 09/30/11 REFERRAL UNIT COPY TIME 12:29:05

NAME: BARBEE,STEPHEN DALE UTMB#: TDCW: 00999507 UNIT: TL
BIRTHDATE: 03/30/67 AGE: 44 SEX: M RACE: W REFERRING UNIT 15: TL
REFERRAL DATE: 09/29/11

REFERRAL SOURCE REQUESTED: FACILITY: CENTRAL REG MED
SPECIALTY: PHYSICAL THERAPY
CATEGORY: ROUTINE
VIDEO CLINIC: NO
DMS CLINIC: NO
TRANSFER: CHAIN

REFERRING PHYSICIAN COMMENTS:
64 Y/O MALE WITH INFLAMMATORY ARTHRITIS. PT HAS DECREASE ROM OF LEFT ELBOW,
RIGHT HIP JOINT, GENERALISED WEAKNESS. HE USES A WALKER TO WALK.
PROVISIONAL DIAGNOSIS: INFLAMMATORY ARTHRITIS. DECREASED ROM OF LEFT ELBOW, RT
HIP JOINT. S/P RIGHT HIP SURGERY
REQUESTED TREATMENT OR PROCEDURE: EVALUATE AND TREAT

REFERRING PHYSICIAN: SHAMSE, SALEEN (MD) PHONE#: 936-967-8082

REGIONAL MEDICAL/DENTAL DIRECTOR REVIEW

REG MED/DDS: NAIK KOKILA, PHYSIATRIST REQUEST: APPROVED 09/30/11

REGIONAL MED/DENTAL DIR. COMMENTS:
APPROVED

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:13 PM

Page 1 of 3



Office Visit

Stephen Dale Barbee (MRN 870529Q)

Visit and Patient Information

999507

Encounter Status

Closed by Fang, Xiang, MD on 12/6/12 at 9:21 PM

MU CHECKLIST

- ☒ The Problem List has been populated or reviewed.
- ☒ Tobacco use status has been recorded.
- ☒ The AVS has not been printed.
- ☒ Patient instructions have not been entered.
- ☒ Medications have not been reviewed in this encounter.

Contact Information

Date & Time
12/6/2012 4:30 PMProvider
TdcTelemed NeurologyDepartment
Tdc Neurology

Patient Information

Patient Name
Stephen Dale BarbeeMRN
870529QSex
MaleDOB (age)
3/30/1967 (45 year old)

Account Info

Account #
20014313039Financial Class
Correctional Care (112)Encounter #
27814284

Questionnaire

PATIENT IDENTIFICATION

Question
Patient identified by the following items:
Patient identified by the following items.

Answer
Name
DOB

REFERRED BY

Question

Answer

Reason for Visit

Neck Pain
WEAKNESS

Diagnoses

Cervicalgia - Primary
Weakness of left upper extremity

723.1
729.89

Documentation Flowsheets

Documentation Flowsheets

Progress Notes

Fang, Xiang, MD STAFF 12/6/2012 9:21 PM Signed
Neurology Telemed. Note

Barbee, Stephen Dale (MR # 870529Q) Printed by [MLMCCLUR] at 12/7/12 8:43 AM

Page 1 of 3

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:13 PM

Page 2 of 3

Chief Complaint: neck pain and ext weakness

Clinical Encounter:

Stephen Dale Barbee is a 45 year old male with h/o chronic neck pain, back pain, and extremity weakness who was recently seen at Galveston neurology clinic for pain, and weakness. He was prescribed Neurontin 600 mg, TID, but it has not started yet. He tried ibuprofen and Nortriptyline, but they have not helped him. Now he c/o worsening symptoms, and decreased ROM of extremities due to pain and weakness. He had abnormal c-spine MRI and EMG/NCS before

Physical Exam

There were no vitals taken for this visit.

AAO x 3

Motor: No tremor, and decreased ROM in the LUE

Assessment/Plan

723.1 Cervicalgia (primary encounter diagnosis)

Comment: worsening pain, abnormal c-spine MRI and EMG

Plan:

1. MRI C SPINE WITHOUT CONTRAST
2. Neurontin as previously suggested
3. Will consider refer to ortho or NS if indicated.

729.89 Weakness of left upper extremity

Comment: possible due to radiculopathy

Plan:

1. MRI C SPINE WITHOUT CONTRAST.

RTC after c-spine MRI

Orders

Order Summary

MRI C SPINE WITHOUT CONTRAST [RAD000408 Custom] Order #: 59827732

Lab and Imaging Orders

MRI C SPINE WITHOUT CONTRAST

Ordered On
12/8/2012

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
aspirin E.C. (ECOTRIN) 325 mg EC tablet				
Sig - Route Take 325 mg by mouth daily. - Oral				
Class - Historical Med				
ibuprofen (MOTRIN) 800 mg tablet				
Sig - Route Take 800 mg by mouth 2 (two) times daily with meals - Oral				
Class - Historical Med				
nortriptyline (PAMELOR) 50 mg capsule				
Sig - Route Take 50 mg by mouth 2 (two) times daily. - Oral				
Class - Historical Med				

Barbee, Stephen Dale (MR # 870529Q) Printed by [MLMCCLUR] at 12/7/12 8:43 AM

Page 2 of 3

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:13 PM

Page 3 of 3

Inpatient 12/6/2012

	Dose	Frequency	Start	End
gabapentin (NEURONTIN) tablet 600 mg	600 mg	BID	5/29/2012	
Class: CMC				
Route: Oral				

Immunizations/Injections administered on date of encounter - 12/6/2012

Never Reviewed

None administered for this encounter

Allergies**Allergies as of 12/6/2012**

Date Reviewed 12/6/2012

	Noted	Type	Reactions
Meloxicam	7/3/2008		Unknown - See comments

Instructions and Follow-Up**Follow-up and Disposition History**

User	Date & Time
FANG MD, XIANG	12/6/2012 9:20 PM

Disposition:

Return in about 3 months (around 3/6/2013).

Follow-up:

Telemedicine

Instructions:

N/A

Check-out Note:

N/A

Send Reminder:

N/A

Routing History

None

Patient Instructions

None

MyChart Messages

No messages in this encounter

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:13 PM

Page 1 of 4



Office Visit

Stephen Dale Barbee (MRN 870529Q)

Visit and Patient Information

999507

Encounter Status

Closed by Fang, Xiang, MD on 3/7/13 at 5:10 PM

MU CHECKLIST

- ☒ The Problem List has been populated or reviewed.
- ☒ Tobacco use status has been recorded.
- ☐ The AVS was not printed within 3 business days of the encounter.
- ☐ Patient Instructions have not been entered.
- ☐ Medications have not been reviewed in this encounter.

Contact Information

Date & Time	Provider	Department
3/7/2013 4:30 PM	Tdc Telemed Neurology	Tdc Neurology

Patient Information

Patient Name	MRN	Sex	DOB (age)
Stephen Dale Barbee	870529Q	Male	3/30/1967 (46 year old)

Account Info

Account #	Financial Class	Enc/CSN #
BARBEE,STEPHEN DALE [20014543299]	Correctional Care [112]	28838984

Questionnaire

PATIENT IDENTIFICATION

Question	Answer
Patient identified by the following items:	Name
Patient identified by the following items:	DOB

REFERRED BY

Question	Answer
----------	--------

Reason for Visit

WEAKNESS

Neck Pain

Diagnoses

Cervicalgia - Primary	723.1
Weakness	780.79

Documentation Flowsheets

Documentation Flowsheets

Progress Notes

Fang, Xiang, MD STAFF 3/7/2013 5:10 PM Signed

Barbee, Stephen Dale (MR # 870529Q) Printed by [MLMCCLUR] at 4/11/13 10:18 AM Page 1 of 4

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:13 PM

Page 2 of 4

Neurology Telemed. Note**Chief Complaint:** Neck pain and UE weakness**Clinical Encounter:**

Stephen Dale Barbee is a 45 year old male who presents to the neurology telemed for MRI follow up. He was previously seen at telemed for neck pain and weakness. He had c-spine MRI after last visit (see result below). He c/o worsening weakness in his right arm. He states he has lost the ability to use the left arm. He denies any urinary/fecal incontinence.

Physical Exam

There were no vitals taken for this visit.

Alert and oriented, No acute distress

Motor: No tremor, and ROM intact

Gait: No ataxia

EXAM: MRI of the cervical spine without contrast

TECHNIQUE: multiplanar multisequence MRI of the cervical spine was
Performed without IV contrast.

COMPARISON: 11/19/10

HISTORY: 45-year-old male with severe neck pain, weakness, worsening of
symptoms

FINDINGS:

Cervical alignment remains within normal limits. No acute fractures or
subluxations are seen. The bone marrow signal is unremarkable. The
intervertebral discs are dessicated in signal throughout with mild loss of
height at the mid cervical levels.

C2-C3: No significant disc bulge, spinal canal stenosis, or neural
Foraminal narrowing.

C3-C4: No significant disc bulge, spinal canal stenosis, or neural foraminal narrowing.

C4-C5: Posterior disc osteophyte complex results in mild effacement of the
theal sac and mild left only neural foraminal narrowing.

C5-C6: Interval progression of an asymmetric right-sided posterior disc
osteophyte complex resulting in at least moderate spinal canal stenosis.
There is also new high T2/STIR signal noted along the posterior aspect of the
intravertebral disc, representing an annular tear. The cord is flattened at
this level, most significantly of its right side, without definite
increased T2 signal. Mild left only neural foraminal narrowing is present.

C6-C7: A posterior disc osteophyte complex with small central protrusion
results in mild spinal canal stenosis without definite neural foraminal
narrowing.

C7-T1: No significant disc bulge, spinal canal stenosis, or neural foraminal narrowing.

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:13 PM

Page 3 of 4

The visualized spinal cord is normal in caliber and signal intensity. The visualized brain is within normal limits. The cervical soft tissues are unremarkable.

LANKFORD, DANIEL B. MD Personally interpreted by: VON RITSCHL, ANDREAS J, MD /Signed/ VON RITSCHL, ANDREAS J, MD

Result Impression**IMPRESSION:**

1. Interval progression of an asymmetric right-sided posterior disc osteophyte complex with new annular tear at C5-C6, which now results in moderate spinal canal stenosis. The cord appears mildly compressed at this level but remains normal in signal.
2. Mild spinal canal stenosis is also present at C6-C7, not significantly changed from the comparison exam.
3. Multilevel neural foraminal narrowing as detailed above.

Assessment/Plan

723.1 Cervicalgia (primary encounter diagnosis)

Comment: spinal canal stenosis and possible radiculopathy

Plan:

1. Refer to ortho ASAP
2. C-spinal collar

780.79 Weakness

Comment: worsening symptoms.

Plan:

1. Refer to ortho ASAP.
2. PT per unit.

RTC in 3 months.

Orders**Order Summary**

CERVICAL COLLAR [NSG000893 Custom] Order #: 62256738

REFERRAL ORTHOPAEDICS [REF000079 Custom] Order #: 62256611

Other Orders

REFERRAL ORTHOPAEDICS
CERVICAL COLLAR

Ordered On
3/7/2013
3/7/2013

Medications**Medications at Start of Encounter**

	Disp	Refills	Start	End
aspirin E.C. (ECOTRIN) 325 mg EC tablet				
Sig - Route Take 325 mg by mouth daily. - Oral				
Class Historical Med				

Barbee, Stephen Dale (MR # 870529Q) Printed by [MLMCCLUR] at 4/11/13 10:18 AM Page 3 of 4

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:13 PM

Page 4 of 4

ibuprofen (MOTRIN) 800 mg tablet

Sig - Route: Take 800 mg by mouth 2 (two) times daily with meals - Oral

Class: Historical Med

nortriptyline (PAMELOR) 50 mg capsule

Sig - Route: Take 50 mg by mouth 2 (two) times daily - Oral

Class: Historical Med

Inpatient 3/7/2013

	Dose	Frequency	Start	End
gabapentin (NEURONTIN) tablet 600 mg	600 mg	BID	5/29/2012	
Class: CMC				
Route: Oral				

Immunizations/Injections administered on date of encounter - 3/7/2013

Never Reviewed

None administered for this encounter

Allergies**Allergies as of 3/7/2013**

Date Reviewed: 3/7/2013

	Noted	Type	Reactions
Meloxicam	7/3/2008		Unknown - See comments

Instructions and Follow-Up**Follow-up and Disposition History**

User	Date & Time
FANG MD, XIANG	3/7/2013 5:10 PM

Disposition:

Return in about 3 months (around 6/7/2013).

Follow-up:

Telemedicine

Instructions:

N/A

Check-out Note:

N/A

Send Reminder:

N/A

Routing History

None

Patient Instructions

None

MyChart Messages

No messages in this encounter

Barbee, Stephen Dale (MR # 870529Q) Printed by [MLMCCLUR] at 4/11/13 10:18 AM Page 4 of 4

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:21 PM

UTMB CORRECTIONAL MANAGED CARE HEALTH SERVICE REFERRAL REQUEST

OFFENDER NAME: BARBEE, STEPHEN D TDCJ#: 999507 FACILITY: POLUNSKY (TL)
DOB: 03/30/1967 AGE: 46 year SEX: male RACE: W
Referral Date: 07/16/2013 16:26

UTMB UH#:

ACCESSION #:

Facility Code:

Transportation: ☐ A: Ambulance ☒ C: Chain ☐ M: MPV ☐ N: None ☐ V: VAN ☐ W: Wheelchair Van

CONSULT CATEGORY: ☐ Expedite ☒ Routine ☐ Telehealth (Urgent – Call UR @ 800.605.8165)

Urgent: within 10 days and to avoid an E.R. evaluation Expedite: within 30 days and cannot wait for a routine evaluation Routine: within 6 months

SPECIALTY SERVICE:

- | | | |
|---|--|---|
| <input type="checkbox"/> ABURN (Adult Burn) | <input type="checkbox"/> NCV (Nerve Conduction Study) | <input type="checkbox"/> PHLEB (Phlebotomy) |
| <input type="checkbox"/> ALLG (Allergy) | <input type="checkbox"/> NEPH (Nephrology) | <input type="checkbox"/> PLSRG (Plastic Surgery) |
| <input type="checkbox"/> AUDHA (Hearing Aid Fitting & Repair) | <input type="checkbox"/> NEURO (Neurology) | <input type="checkbox"/> PMR (Physiatrist) |
| <input type="checkbox"/> AUDIO (UTMB Diagnostic Audiology) | <input type="checkbox"/> NRSRG (Neurosurgery) | <input type="checkbox"/> PREG (Routine OB Appt) |
| <input type="checkbox"/> CARCL (CARDI CATH & EP Lab) | <input type="checkbox"/> OBGYN (Obstetrics & Gynecology) | <input type="checkbox"/> PROST (Prosthesis / B&L) |
| <input type="checkbox"/> CARDI (Cardiology) | <input type="checkbox"/> OBUSG (Obstetrics/Fetal Ultrasound) | <input type="checkbox"/> PT (Physical Therapy) |
| <input type="checkbox"/> CAREP (CARDI Pacemaker Clinic) | <input type="checkbox"/> OFOOT (ORTHO Foot) | <input type="checkbox"/> PUL (Pulmonary) |
| <input type="checkbox"/> CARHS (CARDI Heart Station) | <input type="checkbox"/> OHAND (ORTHO Hand) | <input type="checkbox"/> RHEUM (Rheumatology) |
| <input type="checkbox"/> CTSRG (Thoracic Surgery) | <input type="checkbox"/> OHIP (ORTHO Hip) | <input type="checkbox"/> RT (Respiratory Therapy) |
| <input type="checkbox"/> DERM (Dermatology) | <input type="checkbox"/> ONC (Oncology) | <input type="checkbox"/> SPATH (Speech Pathology) |
| <input type="checkbox"/> DEXA (Bone Densitometry) | <input type="checkbox"/> ONCR (Radiation Therapy) | <input type="checkbox"/> URO (Urology) |
| <input type="checkbox"/> DMECR (Endocrinology) | <input type="checkbox"/> OPHCR (OPHL/Cornea) | <input type="checkbox"/> VSLAB (Vascular Lab) |
| <input type="checkbox"/> EEG (Electroencephalogram) | <input type="checkbox"/> OPHG (OPHL/Glaucoma) | <input type="checkbox"/> VSPL (Transplant) |
| <input type="checkbox"/> ENT (Ear/Nose/Throat) | <input type="checkbox"/> OPHID (OPHL/Infectious Disease) | <input type="checkbox"/> VSSRG (Vascular Surgery) |
| <input type="checkbox"/> ESLD (End Stage Liver Disease) | <input type="checkbox"/> OPHL (Ophthalmology) | <input type="checkbox"/> WCARE (Wound Care) |
| <input type="checkbox"/> GI (Gastroenterology) | <input type="checkbox"/> OPHP (OPHL/Complicated Plastics) | <input type="checkbox"/> XBBX (Breast Biopsy) |
| <input type="checkbox"/> GIEND (GI Endoscopy) | <input type="checkbox"/> OPHRT (OPHL/Retina) | <input type="checkbox"/> XBUS (Breast Ultrasound) |
| <input type="checkbox"/> GNSRG (General Surgery) | <input type="checkbox"/> OPHS (OPHL/Strabismus) | <input type="checkbox"/> XCT (CT) |
| <input type="checkbox"/> GYNUR (Gynecology Urology) | <input type="checkbox"/> OPROS (Ocular Prosthesis) | <input type="checkbox"/> XMMG (Mammogram) |
| <input type="checkbox"/> HEAR (Facility Screening Audiogram) | <input type="checkbox"/> OPTOM (Optometry) | <input type="checkbox"/> XMRI (MRI) |
| <input type="checkbox"/> HEM (Hematology) | <input type="checkbox"/> ORSRG (Oral Surgery) | <input type="checkbox"/> XMRIS (MRI Sedative) |
| <input type="checkbox"/> HEPC (Hepatitis C) | <input checked="" type="checkbox"/> ORTHO (Orthopedic) | <input type="checkbox"/> XNUCL (Nuclear Medicine) |
| <input type="checkbox"/> INFDS (Infectious Disease) | <input type="checkbox"/> ORTSP (ORTHO Spine) | <input type="checkbox"/> XPET (PET) |
| <input type="checkbox"/> LBX (Liver Biopsy) | <input type="checkbox"/> OT (Occupational Therapy) | <input type="checkbox"/> XRAY (General X-Ray) |
| <input type="checkbox"/> LTB (Liver Tumor Board) | <input type="checkbox"/> PAIN (Pain Clinic) | <input type="checkbox"/> XUSG (US) |

DIAGNOSIS SPECIFIC HISTORY AND CLINICAL FINDINGS / SUPPORTING LAB AND X-RAY FINDINGS:

ELBOW PAIN

PROVISIONAL DIAGNOSIS: LIMITED ROM

REQUESTED TREATMENT or PROCEDURE: F/U IN GENERAL ORTHO PER NOTE OPN 07/16/13

(Radiology contrast studies require current BUN/Creatinine documented on referral. Specify requested procedure and anatomical location.)

OFFENDER NAME: BARBEE, STEPHEN D TDCJ#: 999507 FACILITY: POLUNSKY (TL)

Page 1 of 2

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:13 AM

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING**

Patient Name: BARBEE, STEPHEN D **TDCJ#:** 999507 **Date:** 08/13/2013 06:26 **Facility:** POLUNSKY (TL)

Today's Problem: NSC

S: "I went to the hospital on the 8th. They said my elbows are now bone on bone. I'm in so much pain and I'm wasting away. Eventually, I'm not going to be able to take care of myself. They keep prescribing me medication that the pharmacy keeps denying. The medication that I'm being given here isn't doing anything. I can take 10 ibuprofen a day, but it doesn't touch the pain. I want something done about this & I'm not just talking about fixing with medication. I'm wasting away. I want the problems fixed. I keep getting the run around with my care. I have to wait months for appointments & in the mean time I'm sitting in my house in so much pain. I'm going to contact my attorney about this. I'm sick of not getting care. My family is sick of it and my attorney is sick of it. The doctor at HG said the problems with my joints could be due to Lyme disease. I had it back in 2003, I think. Can I just get a round of penicillin, just as precaution? I've written Mr. Keller, but my problems aren't getting resolved. I just don't know what else to do, but to file a lawsuit."

O: RIGHT ELBOW

Diffuse joint space narrowing is seen, mild joint effusion is present with displacement of the anterior and posterior fat pads. Subchondral cysts are seen in the distal humerus, no osteophytes or sclerosis is identified.

LEFT ELBOW :

Since the prior, new marginal osteophytes have developed, the collapse of the joint spaces is still present, joint effusion given by displacement of the anterior posterior fat pads is also identified. Multiple subchondral cysts are seen in the distal humerus with no evidence of significant sclerosis.

IMPRESSION

BILATERAL symmetric joint space narrowing of the elbow joints, in keeping with inflammatory arthritis such as RA.

All patient's pain medications are current. He has upcoming appts to E2 for PT, ORTSP, and Neurology. Gabapentin was denied by pharmacy.

Plan is as follows: Consulted with L. Curry, RN. Refer to provider for ATC#9.

Will refer to Mr. Keller, Practice Manager

New Reminders Added:

SCR MD/MLP REFERRAL FRM NSC (ATC 9) Due on 08/10/2013 07:59(elbow pain worse, pain meds not helping, wants pcn for lyme disease, see nursing note from 8/13/13).

2 of 3

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:21 PMUTMB CORRECTIONAL MANAGED CARE
HEALTH SERVICE REFERRAL REQUESTOFFENDER NAME: BARBEE, STEPHEN D TDCJ#: 999507 FACILITY: POLUNSKY (TL)
DOB: 03/30/1967 AGE: 46 year SEX: male RACE: W
Referral Date: 09/06/2013 12:46UTMB UH#:
Facility Code:

ACCESSION #:

Transportation: ☐ A: Ambulance ☒ C: Chain ☐ M: MPV ☐ N: None ☐ V: VAN ☐ W: Wheelchair VanCONSULT CATEGORY: ☐ Expedite ☒ Routine ☐ Telehealth (Urgent – Call UR @ 800.605.8165)

Urgent: within 10 days and to avoid an E.R. evaluation Expedite: within 30 days and cannot wait for a routine evaluation Routine: within 6 months

SPECIALTY SERVICE:

- | | | |
|---|---|---|
| <input type="checkbox"/> ABURN (Adult Burn) | <input type="checkbox"/> NCV (Nerve Conduction Study) | <input type="checkbox"/> PHLEB (Phlebotomy) |
| <input type="checkbox"/> ALLG (Allergy) | <input type="checkbox"/> NEPH (Nephrology) | <input type="checkbox"/> PLSRG (Plastic Surgery) |
| <input type="checkbox"/> AUDHA (Hearing Aid Fitting & Repair) | <input type="checkbox"/> NEURO (Neurology) | <input type="checkbox"/> PMR (Physiatrist) |
| <input type="checkbox"/> AUDIO (UTMB Diagnostic Audiology) | <input type="checkbox"/> NRSRG (Neurosurgery) | <input type="checkbox"/> PREG (Routine OB Appt) |
| <input type="checkbox"/> CARCL (CARDI CATH & EP Lab) | <input type="checkbox"/> OBGYN (Obstetrics & Gynecology) | <input type="checkbox"/> PROST (Prosthesis / B&L) |
| <input type="checkbox"/> CARDI (Cardiology) | <input type="checkbox"/> OBUSG (Obstetrics/Fetal Ultrasound) | <input type="checkbox"/> PT (Physical Therapy) |
| <input type="checkbox"/> CAREP (CARDI Pacemaker Clinic) | <input type="checkbox"/> OFOOT (ORTHO Foot) | <input type="checkbox"/> PUL (Pulmonary) |
| <input type="checkbox"/> CARHS (CARDI Heart Station) | <input type="checkbox"/> OHAND (ORTHO Hand) | <input type="checkbox"/> RHEUM (Rheumatology) |
| <input type="checkbox"/> CTSRG (Thoracic Surgery) | <input type="checkbox"/> OHIP (ORTHO Hip) | <input type="checkbox"/> RT (Respiratory Therapy) |
| <input type="checkbox"/> DERM (Dermatology) | <input type="checkbox"/> ONC (Oncology) | <input type="checkbox"/> SPATH (Speech Pathology) |
| <input type="checkbox"/> DEXA (Bone Densitometry) | <input type="checkbox"/> ONCR (Radiation Therapy) | <input type="checkbox"/> URO (Urology) |
| <input type="checkbox"/> DMECR (Endocrinology) | <input type="checkbox"/> OPHCR (OPHL/Cornea) | <input type="checkbox"/> VSLAB (Vascular Lab) |
| <input type="checkbox"/> EEG (Electroencephalogram) | <input type="checkbox"/> OPHG (OPHL/Glaucoma) | <input type="checkbox"/> VSPL (Transplant) |
| <input type="checkbox"/> ENT (Ear/Nose/Throat) | <input type="checkbox"/> OPID (OPHL/Infectious Disease) | <input type="checkbox"/> VSSRG (Vascular Surgery) |
| <input type="checkbox"/> ESLD (End Stage Liver Disease) | <input type="checkbox"/> OPHL (Ophthalmology) | <input type="checkbox"/> WCARE (Wound Care) |
| <input type="checkbox"/> GI (Gastroenterology) | <input type="checkbox"/> OPHPL (OPHL/Complicated Plastics) | <input type="checkbox"/> XBBX (Breast Biopsy) |
| <input type="checkbox"/> GIEND (GI Endoscopy) | <input type="checkbox"/> OPHRT (OPHL/Retina) | <input type="checkbox"/> XBUS (Breast Ultrasound) |
| <input type="checkbox"/> GNSRG (General Surgery) | <input type="checkbox"/> OPHS (OPHL/Strabismus) | <input type="checkbox"/> XCT (CT) |
| <input type="checkbox"/> GYNUR (Gynecology Urology) | <input type="checkbox"/> OPROS (Ocular Prosthesis) | <input type="checkbox"/> XMMG (Mammogram) |
| <input type="checkbox"/> HEAR (Facility Screening Audiogram) | <input type="checkbox"/> OPTOM (Optometry) | <input type="checkbox"/> XMRI (MRI) |
| <input type="checkbox"/> HEM (Hematology) | <input type="checkbox"/> ORSRG (Oral Surgery) | <input type="checkbox"/> XMRI (MRI Sedative) |
| <input type="checkbox"/> HEPC (Hepatitis C) | <input type="checkbox"/> ORTHO (Orthopedic) | <input type="checkbox"/> XNUCL (Nuclear Medicine) |
| <input type="checkbox"/> INFDS (Infectious Disease) | <input type="checkbox"/> ORTSP (ORTHO Spine) | <input type="checkbox"/> XPET (PET) |
| <input type="checkbox"/> LBX (Liver Biopsy) | <input checked="" type="checkbox"/> OT (Occupational Therapy) | <input type="checkbox"/> XRAY (General X-Ray) |
| <input type="checkbox"/> LTB (Liver Tumor Board) | <input type="checkbox"/> PAIN (Pain Clinic) | <input type="checkbox"/> XUSG (US) |

DIAGNOSIS SPECIFIC HISTORY AND CLINICAL FINDINGS / SUPPORTING LAB AND X-RAY FINDINGS:
BILATERAL ELBOW PAIN

PROVISIONAL DIAGNOSIS: LIMITED ROM

REQUESTED TREATMENT or PROCEDURE: REFER TO OT FOR CONSULT FOR BIL ELBOW PAIN PER NOTE ON 09/06/13
(Radiology contrast studies require current BUN/Creatinine documented on referral. Specify requested procedure and anatomical location.)

OFFENDER NAME: BARBEE, STEPHEN D TDCJ#: 999507 FACILITY: POLUNSKY (TL)

Page 1 of 2

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:12 PM

**CORRECTIONAL MANAGED CARE
PHYSICAL THERAPY CLINIC NOTE**

Patient Name: BARBEE, STEPHEN D **TDCJ#:** 999507 **DATE:** 09/06/2013 10:53 **Facility:** ESTELLE (E2)

PHYSICAL THERAPY EVALUATION

SUBJECTIVE: Pt said his elbows are not extend fully and not able to reach his head
Pt is referred to PT for his neck pain and asked him about then he said yes my neck is hurting.
Pt said his main concern is his both elbow and his Lt hip, not much worried about his neck.

OBJECTIVE: Pt is 46 year who was brought to PT from TL unit today
Pt is DR so he was seen with security officer in waiting room.
No H/O any surgery in his neck, No fracture in his neck
No swelling, No redness at the cervical spine area
No c/o any radiating pain to arm, Sensation intact in both shoulder and neck
Cervical spine ROM is WFL
No c/o any dizziness or head or blindness at his time
Manual cervical traction did not increase or decrease the pain at neck
Patient had MRI on his neck 2/6/13 and it states
Shoulder ROM and strength are fair
Hands grips and pinch are good
Patient both elbow is not able to extend fully, last 10* is limited

IMPRESSION:

1. Interval progression of an asymmetric right-sided posterior disc osteophyte complex with new annular tear at C5-C6, which now results in moderate spinal canal stenosis. The cord appears mildly compressed at this level but remains normal in signal.
2. Mild spinal canal stenosis is also present at C6-C7, not significantly changed from the comparison exam.
3. Multilevel neural foraminal narrowing as detailed above.

ASSESSMENT: Pt main c/o today is both elbows,
Neck pain and it is not that bad as per patients

GOAL: Home exercises for the Neck with instruction.

PLAN: Pt agrees to take the home exercises for the neck which include self stretching and active exercises.
Patient is given a set of home exercises with instruction today.
PT recommends the care provider to refer him to OT consult for his B/L Elbow problem.
Pt understood the plan of care and no questions. No recall

Procedures Ordered:

Date Time	Description	Diagnosis	Comments	Special Instructions
9/6/2013 11:10AM	RS-CPT PHYSICAL THERAPY EVALUATION	arthritis, joint pain involving other specified sites		
9/6/2013 11:10AM	RS-CPT THERAPEUTIC EXERCISES	arthritis, joint pain involving other specified sites		
9/6/2013 11:10AM	CP-PATIENT EDUCATION	arthritis, joint pain involving other specified sites		

PEARL PATIENT CHART EXPORTData Exported From the Pearl EMR
Friday, September 10, 2021 1:12:21 PM**UTMB CORRECTIONAL MANAGED CARE
HEALTH SERVICE REFERRAL REQUEST**

OFFENDER NAME: BARBEE, STEPHEN D **TDCJ#:** 999507 **FACILITY:** POLUNSKY (TL)
DOB: 03/30/1967 **AGE:** 47 year **SEX:** male **RACE:** W
Referral Date: 08/28/2014 14:12

UTMB UH#:**ACCESSION #:****Facility Code:**

Transportation: ☐A: Ambulance ☐C: Chain ☐M: MPV ☒N: None ☐V: VAN ☐W: Wheelchair Van

CONSULT CATEGORY: ☐Expedite ☐Routine ☒Telehealth (Urgent – Call UR @ 800.605.8165)

Urgent: within 10 days and to avoid an E.R. evaluation **Expedite:** within 30 days and cannot wait for a routine evaluation **Routine:** within 6 months

SPECIALTY SERVICE:

- | | | |
|--|---|--|
| <input type="checkbox"/> ABURN (Adult Burn) | <input type="checkbox"/> LBX (Liver Biopsy) | <input type="checkbox"/> PHLEB (Phlebotomy) |
| <input type="checkbox"/> ALLG (Allergy) | <input type="checkbox"/> LTB (Liver Tumor Board) | <input type="checkbox"/> PLSRG (Plastic Surgery) |
| <input type="checkbox"/> AUDHA (Hearing Aid Fitting & Repair) | <input type="checkbox"/> NCV (Nerve Conduction Study) | <input type="checkbox"/> PMR (Physiatrist) |
| <input type="checkbox"/> AUDIO (UTMB Diagnostic Audiology) | <input type="checkbox"/> NEPH (Nephrology) | <input type="checkbox"/> PREG (Routine OB Appt) |
| <input type="checkbox"/> CARCL (CARDI CATH & EP Lab) | <input checked="" type="checkbox"/> NEURO (Neurology) | <input type="checkbox"/> PROST (Prosthesis / B&L) |
| <input type="checkbox"/> CARDI (Cardiology: Expedite Only) | <input type="checkbox"/> NRSRG (Neurosurgery) | <input type="checkbox"/> PT (Physical Therapy) |
| <input type="checkbox"/> CARDA* (Cardiology: Score ≥ 7) | <input type="checkbox"/> OBGYN (Obstetrics & Gynecology) | <input type="checkbox"/> PUL (Pulmonary) |
| <input type="checkbox"/> CARDB* (Cardiology: Score 4-6) | <input type="checkbox"/> OBUSG (Obstetrics/Fetal Ultrasound) | <input type="checkbox"/> RHEUM (Rheumatology) |
| <input type="checkbox"/> CARDC* (Cardiology: Score 0-3) | <input type="checkbox"/> OFOOT (ORTHO Foot) | <input type="checkbox"/> RT (Respiratory Therapy) |
| <input type="checkbox"/> CAREP (CARDI Pacemaker Clinic) | <input type="checkbox"/> OHAND (ORTHO Hand) | <input type="checkbox"/> SPATH (Speech Pathology) |
| <input type="checkbox"/> CARHS (CARDI Heart Station) | <input type="checkbox"/> OHIP (ORTHO Hip) | <input type="checkbox"/> URO (Urology) |
| <input type="checkbox"/> CTSRG (Thoracic Surgery) | <input type="checkbox"/> ONC (Oncology) | <input type="checkbox"/> VSDAC (Dialysis Access) |
| <input type="checkbox"/> DERM (Dermatology) | <input type="checkbox"/> ONCR (Radiation Therapy) | <input type="checkbox"/> VSLAB (Vascular Lab) |
| <input type="checkbox"/> DEXA (Bone Densitometry) | <input type="checkbox"/> OPHCR (OPHL/Cornea) | <input type="checkbox"/> VSPL (Transplant) |
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| <input type="checkbox"/> DOT (DOT Physical) | <input type="checkbox"/> OPHID (OPHL/Infectious Disease) | <input type="checkbox"/> WCARE (Wound Care) |
| <input type="checkbox"/> EEG (Electroencephalogram) | <input type="checkbox"/> OPHL (Ophthalmology) | <input type="checkbox"/> XBBX (Breast Biopsy) |
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| <input type="checkbox"/> HEAR (Facility Screening Audiogram) | <input type="checkbox"/> ORTHO (Orthopedic) | <input type="checkbox"/> XPET (PET) |
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| <input type="checkbox"/> HEPC (Hepatitis C) | <input type="checkbox"/> OT (Occupational Therapy) | <input type="checkbox"/> XUSG (US) |
| <input type="checkbox"/> INFDS (Infectious Disease) | <input type="checkbox"/> PAIN (Pain Clinic) | |

* Calculate the Cardiology Referral Score: Menu bar > Guidelines > Cardiology Referral Score

DIAGNOSIS SPECIFIC HISTORY AND CLINICAL FINDINGS / SUPPORTING LAB AND X-RAY FINDINGS:

limited rom in elbows

OFFENDER NAME: BARBEE, STEPHEN D **TDCJ#:** 999507 **FACILITY:** POLUNSKY (TL)

Page 1 of 2

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:12 PM

Correctional Managed Care OCCUPATIONAL THERAPY CLINIC NOTE

Patient Name: BARBEE, STEPHEN D **TDCJ#:** 999507 **DATE:** 04/03/2014 16:36 **Facility:** ESTELLE (E2)
Age: 47 year **Race:** W **Sex:** male
Most recent vitals from 4/1/2014: BP: 126 / 74 (Sitting) ; Wt: 191 Lbs.; Height: 70 In.; Pulse: 72 (Sitting) ; Resp: 16 / min;
Temp: 97 (Oral) **BMI:** 27
Allergies: ASPIRIN-LIKE ANALGESIC, SALICYLATES NSAIDS
Current Medications:

ASPIRIN EC 325MG TABLET
1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: JACKSON, DIANE E

LAST DATE GIVEN KOP: 03/13/2014 12:06:57AM
REFILLS: 0 / 11
EXPIRATION DATE: 3/05/2015 04:17:00PM

DIVALPROEX SOD 500MG EC TABLET
1 TABS ORAL TWICE DAILY for 30 Days

ORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: JACKSON, DIANE E

COMPLIANCE: 97.02 %
REFILLS: 5 / 11
EXPIRATION DATE: 10/13/2014 01:47:00PM

METOPROLOL 25MG TABLET
1 TABS ORAL TWICE DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: JACKSON, DIANE E

LAST DATE GIVEN KOP: 03/13/2014 12:06:57AM
REFILLS: 0 / 11
EXPIRATION DATE: 3/05/2015 04:18:00PM

NAPROXEN 500MG TABLET
1 TABS ORAL TWICE DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: BECK, MARTHA L

LAST DATE GIVEN KOP: 03/26/2014 09:45:22PM
REFILLS: 2 / 2
EXPIRATION DATE: 4/27/2014 02:39:00PM

NORTRIPTYLINE HCL 75MG CAPSULE
1 CAPS ORAL TWICE DAILY for 30 Days

ORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: JACKSON, DIANE E

COMPLIANCE: 93.68 %
REFILLS: 3 / 7
EXPIRATION DATE: 8/27/2014 11:18:00AM

OMEPRAZOLE 20MG CAPSULE
1 CAPS ORAL DAILY for 30 Days

ORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: JACKSON, DIANE E

COMPLIANCE: 92.00 %
REFILLS: 0 / 11
EXPIRATION DATE: 3/05/2015 04:18:00PM

Patient Language: <~PATIENT LANGUAGE~> Name of interpreter, if required:

Occupational Therapy Initial Evaluation

Subjective: Patient is a 46 year old white male with Bilateral Elbow Pain. **Provisional Diagnosis:** Limited ROM Both Elbows. **PMH:** Degenerative Osteoarthritis Both Elbows, HTN, Chronic Pain, Cervicalgia, Spinal Stenosis, Right HIP Surgery, and Possible Radiculopathy.

Objective: Patient was seen today for an OT evaluation of both elbows.

Chief Complaint: "I have limitations in extending my elbows and I have pain in my elbows and shoulders."

Hand Dominance: Right

Pain: Patient stated that he has 0 pain (while sitting) Radiating pain up his arms medially.

AROM: Bilateral Shoulder Elevation Good, but has difficulty touching his shoulders with elbow flexed with his hands, and difficulty reaching his lower back with his hands.

A/PROM: Right Elbow Extension/Flexion: -38-114 degrees/-24-109 degrees.

Right Forearm Pronation-80/85 degrees, Left 80/85 degrees.

Right Forearm Supination - 25/35 degrees, Left - 5 degrees/15 degrees

Left Elbow Extension/Flexion: -60-100 degrees/-50-100 degrees.

Right Wrist Dorsiflexion - 25/30 degrees, Left: 50/50 degrees

Right Wrist Flexion - 50/55 degrees, Left: 45/50 degrees.

Right Radial Deviation: 15/15 degrees, Left: 25/25 degrees

Right Ulna Deviation: 5/10 degrees, Left: 25/30 degrees

Strength: BUE 4/5.

Thumb/Finger Opposition: Left 5/5, Right 5/5 except thumb/5th finger. (Can't oppose 5th finger.)

PEARL PATIENT CHART EXPORTData Exported From the Pearl EMR
Friday, September 10, 2021 1:12:12 PM**Correctional Managed Care
OCCUPATIONAL THERAPY CLINIC NOTE****Patient Name:** BARBEE, STEPHEN D TDCJ#: 999507 **DATE:** 04/03/2014 16:36 **Facility:** ESTELLE (E2)**Sensation:** Intact, but decreased in BLE.**ADLs:** Independent in bathing (uses a large towel), dressing, feeding, writing, and ambulates with walker, but noted to ambulate without walker.**Assessment:** Patient presents with functional use of BUE to perform his ADLs. He presents with decreased AROM both elbows in extension and flexion, but functional enough to perform his ADLs including bathing, dressing, hygiene care, ambulates with/without assistive device, writing, and feeding. He has impaired forearm supination with more limitation on the left. Patient stated that he was basically functional in the performance of his ADLs. Patient was issued a bath mitten with pocket. Patient had no complaint of pain today.**Plan:** Issue patient adaptive equipment with pass as needed to maintain current level of functioning.
Prepare and issue patient an HEP for in-cell exercises on his unit of assignment.
No recall.**Procedures Ordered:**

Date Time	Description	Diagnosis	Comments	Special Instructions
4/4/2014 06:25PM	OT-OCCUPATIONAL THERAPY VISIT ENCOUNTER CREDIT (F)	arthritis		
4/4/2014 06:25PM	RS-CPT OCCUPATIONAL THERAPY EVALUATION	arthritis		
4/4/2014 06:25PM	ACTIVITIES OF DAILY LIVING ADL	arthritis		

Electronically Signed by NEALY, RUBY OTR on 04/04/2014.
##And No Others##

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:21 PM

**UTMB CORRECTIONAL MANAGED CARE
HEALTH SERVICE REFERRAL REQUEST**

OFFENDER NAME: BARBEE, STEPHEN D **TDCJ#:** 999507 **FACILITY:** POLUNSKY (TL)
DOB: 03/30/1967 **AGE:** 47 year **SEX:** male **RACE:** W
Referral Date: 11/17/2014 13:57

UTMB UH#:

ACCESSION #:

Facility Code:

Transportation: ☐ A: Ambulance ☐ C: Chain ☐ M: MPV ☐ N: None ☐ V: VAN ☐ W: Wheelchair Van

CONSULT CATEGORY: ☐ Expedite ☐ Routine ☒ Telehealth (Urgent – Call UR @ 800.605.8165)

Urgent: within 10 days and to avoid an E.R. evaluation **Expedite:** within 30 days and cannot wait for a routine evaluation **Routine:** within 6 months

SPECIALTY SERVICE:

- | | | |
|---|--|---|
| <input type="checkbox"/> ABURN (Adult Burn) | <input type="checkbox"/> LBX (Liver Biopsy) | <input type="checkbox"/> PHLEB (Phlebotomy) |
| <input type="checkbox"/> ALLG (Allergy) | <input type="checkbox"/> LTB (Liver Tumor Board) | <input type="checkbox"/> PLSRG (Plastic Surgery) |
| <input type="checkbox"/> AUDHA (Hearing Aid Fitting & Repair) | <input type="checkbox"/> NCV (Nerve Conduction Study) | <input type="checkbox"/> PMR (Physiatrist) |
| <input type="checkbox"/> AUDIO (UTMB Diagnostic Audiology) | <input type="checkbox"/> NEPH (Nephrology) | <input type="checkbox"/> PREG (Routine OB Appt) |
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| <input type="checkbox"/> CARDG* (Cardiology: Score 0-3) | <input type="checkbox"/> OFOOT (ORTHO Foot) | <input type="checkbox"/> RT (Respiratory Therapy) |
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| <input type="checkbox"/> ESLD (End Stage Liver Disease) | <input type="checkbox"/> OPHRT (OPHL/Retina) | <input type="checkbox"/> XCT (CT) |
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| <input type="checkbox"/> HEPC (Hepatitis C) | <input type="checkbox"/> OT (Occupational Therapy) | <input type="checkbox"/> XUSG (US) |
| <input type="checkbox"/> INFDS (Infectious Disease) | <input type="checkbox"/> PAIN (Pain Clinic) | |

* Calculate the Cardiology Referral Score: Menu bar > Guidelines > Cardiology Referral Score

DIAGNOSIS SPECIFIC HISTORY AND CLINICAL FINDINGS / SUPPORTING LAB AND X-RAY FINDINGS:
LIMITED ROM IN ELBOWS

OFFENDER NAME: BARBEE, STEPHEN D **TDCJ#:** 999507 **FACILITY:** POLUNSKY (TL)

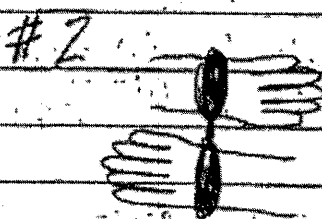
Page 1 of 2

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:30 AM

~~FORWARDED BY VICKERS, SUSAN L. CC: [REDACTED] POLYANSKY, ITU ON 04/15/2015 11:06:22~~ and Dr. Nguyen. According to UTM3
TDCJ guidelines, we do not sacrifice security for comfort measures. Patient
MRS. Rogers is subjective. ~~As per [REDACTED] 4-15-15~~
No pass issued beyond the other. — ~~Freeless~~

I went to the Estelle Unit on 3-31-15 and
their Capt. (didn't get her name) saw that my
handcuffs were on a different way than normally.



I was handcuffed like #1 because my arms
are so bad with the loss of range of motion it
won't do like #2 without it hurting me really
bad. They've done it like #1 for around ~~three~~ three years.

I explained it to them. That Capt. said
that I need to get a special front cuff pass
that "Specifically" reads like #1.

So she (Capt.) told them to put them on me like
#2. They twisted and forced my arm into #2
position and I thought they were going to break
my arms. When I got back there ~~was~~ were
deep purple impressions which stayed for a few
days. I tried to get the officers to take me
to medical ~~but~~ so they could see why I
need it like #1 but they said no, to send
an I-60 which I did. I also wrote a

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:30 AM

Scanned by VICKERS, SUSAN L CCA in Holly POLINSKY (TL) on 04/18/2015 14:05

grievance over it. (I sent it in on - 4-13-15).

I've sent in some I-60's asking to see my provider. They won't do it. I don't know why. I've explained it in this letter to you hoping you understand why I need that special front cuff which specifically reads that it needs to be like #1 with both hands straight out in front.

I received two cuff pass today 4-15-15. Neither reads to explain how I should be handcuffed. Your name (Rogers) was on one of them that's why I'm writing this to you. The officers at Estelle looked in my records from here and they told that capt. that all I have is a front cuff pass (double in front) for the use of my walker. That's why I've tried to see someone to explain how they told me it should be written.

These two front cuff pass were dated 3-25-15 so I know it isn't written right because this happened on -3-31-15.

I need this taken care of please before I have another medical appt. because I can't be hurt like that again. It was bad!

APR 16 2015
BO

Thank you Stephen Barbée 999507

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:19 PM

**Correctional Managed Care
RADIOLOGY REPORT**

Date Transcribed: 08/12/2016 09:24

Patient Name: BARBEE, STEPHEN D TDCJ#: 999507 Date: 08/12/2016 09:24 Age: 49 year Race:
W Sex: male DOB: 03/30/1967
Patient's Facility: POLUNSKY (TL) Typist Name: GANEM, SONYA M.

Department of Radiology

The University of Texas Medical Branch Hospitals
Galveston, TX 77555

Phone: (409) 747-7000

Fax: (409) 747-2850

PATIENT: Barbee, Stephen

DATE OF BIRTH: 03/30/1967

DATE OF EXAM: 8/11/2016 9:08:00 AM

PATIENT #: 0999507

EXAM ID #: 7612722, 7612720

REFERRING PHYSICIAN:

PAUL REILLEY

POLUNSKY FACILITY, 3872 FM
350S

LIVINGSTON, TX 77351

OFFICIAL COPY

EXAM:

ELBOW, COMPLETE, MIN. 3 VIEWS-LEFT SIDE,

EXAM:

ELBOW, COMPLETE, MIN. 3 VIEWS-RIGHT SIDE

HISTORY:

problem extending lt elbow

COMPARISON:

None

FINDINGS:

Right elbow:

No acute fractures visualized. Joint space narrowing and subchondral sclerosis are seen.. The anterior fat pad is mildly elevated, suggestive of a small effusion. An olecranon enthesophyte is seen.

Left elbow:

The left elbow is in a semiflexed position. Severe joint space narrowing and sclerosis is present. Bony remodeling of the capitellum is suspected. No acute fractures appreciated. Evaluation for joint effusion is limited due to patient positioning.

IMPRESSION:

Severe bilateral osteoarthritis, more prominent on the left.

The left elbow is held in flexion which limits evaluation.

Department of Radiology

The University of Texas Medical Branch Hospitals
Galveston, TX 77555

Phone: (409) 747-7000

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:23 PM

**Correctional Managed Care
RETURN FROM MEDICAL APPOINTMENT**

Patient Name: BARBEE, STEPHEN D **TDCJ#:** 999507 **Date:** 12/09/2016 06:55 **Facility:** POLUNSKY (TL)
Recommend daily NSAID (naproxen 500 mg BID) per unit MD
Unit MD to refer to physical therapy, 1-2x/wk for 6 weeks, this is a medical necessity, please transfer to another unit if this can't be accommodated at his current unit. Physical therapy protocol for left trochanteric bursitis.
F/u 3 months

Started Meds:

NAPROXEN 500MG TABLET 22168676 12/09/2016 06:57
1 TABS ORAL BID KOP
FINAL EXP. DATE: 3/09/2017 06:57:00AM REFILLS: 2 DURATION: 30 Days
CONFIRMED VERBAL ORDER

Consult with Dr. Geddes and received orders for offender to return to medical prn. PT referral.

Electronically Signed by RICHARDSON, ELLEN S. R.N. on 12/09/2016.

Electronically Signed by GEDDES, JAMES D. M.D. on 12/09/2016.

##And No Others##



PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:26 AM

PROVIDER TO PATIENT COMMUNICATION

Patient Name: BARBEE, STEPHEN D
TDCJ #: 999507
Date: 08/15/2016 07:46
Facility: POLUNSKY (TL)
Housing: 12AF1 CELL 75

This is being sent to you at the request of your medical provider. If you have questions about the information or do not understand it, you may drop a sick call request to get more information. If you currently are being treated for any medical condition, we would like to encourage you to follow your treatment plan such as taking your medication regularly, keeping your scheduled appointments in the clinic and with specialists and coming to clinic for your scheduled treatments and check-ups.

Reviewed the x-rays of your elbows, shows osteoarthritis with joint space narrowing. Continue working on gentle range of motion exercises as we discussed.

Reilley PA

Electronically Signed by REILLEY, PAUL K. PA on 08/15/2016.
##And No Others##

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:25 AM

SUBJECT: State briefly the problem on which you desire assistance.

To whom it may concern:

Medical 8-25-16

The medical dept. (here and H.G.) have claimed that I have severe arthritis.

I received a report that I now have "Osteoarthritis" which hurts really bad. (Report 8-12-16).

Why can't I have medication for VTMB's report?

Name: Stephen Barber

No: 999507

Unit: Palmdale

Living Quarters: 12 AF 75

Work Assignment:

DISPOSITION: (narrative will not write in this space)

NSC - Arthritis

RECEIVED

AUG 28 2016

(Signature)

04-82 (Rev. 11-89)

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:22 AM

SUBJECT: State briefly the problem or event you desire assistance.

To whom it may concern; Medical 9-28-17

I had an appointment today (9-28-17) at H.G. but was not able to go. The transportation wouldn't take me because I can't place my arms in a certain direction when they place the handcuffs on me. I have osteoarthritis in my arms.

* I need to see my Provider to get this resolved, because I desperately need medical care and can't afford for the transportation officers to refuse my access to medical care again!

Name: Stephen Barbee No: 999507 Unit: Polinsky
Living Quarters: 12 AF 73 Work Assignment: Thank-up

DISPOSITION: (Provider will not write in this space)

01400 (Rev. 11-00)

REC
SEP 28 2017
A. R. S. J. R.

PEARL PATIENT CHART EXPORTData Exported From the Pearl EMR
Friday, September 10, 2021 1:12:23 PM**CORRECTIONAL MANAGED HEALTH CARE
RETURN FROM MEDICAL APPOINTMENT**Patient Name: BARBEE, STEPHEN D
TDCJ#: 999507Date: 02/09/2018 06:28
Facility: POLUNSKY (TL)Age: 50
Sex: maleDOB: 03/30/1967
Race: WHITE

DOI: 2/27/2006

Most recent vitals from 2/8/2018:

BP: 135 / 86 (Sitting)	Weight: 217 Lbs.	Height: 70 In.	BMI: 31
Pulse: 88 (Sitting)	Resp: 16 / min	Temp: 97.7 (Oral)	O2 Sat:

Allergies: ASPIRIN-LIKE ANALGESIC, SALICYLATES NSAIDS**Current Medications:****ASPIRIN EC 325MG TABLET**

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: REILLEY, PAUL KLAST DATE GIVEN KOP:
REFILLS: 0 / 11
EXPIRATION DATE: 2/03/2019 02:06:00PM**DIPHENHYDRAMINE 25MG
CAPSULE**

1 CAPS ORAL TWICE DAILY for 30 Days

ORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: REILLEY, PAUL KCOMPLIANCE: 25.00 %
REFILLS: 0 / 11
EXPIRATION DATE: 2/03/2019 02:02:00PM**FERROUS SULFATE 325MG TABLET**1 TABS ORAL 3 TIMES DAILY for 30
Days KOPORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: REILLEY, PAUL KLAST DATE GIVEN KOP:
REFILLS: 0 / 11
EXPIRATION DATE: 2/03/2019 02:07:00PM**LACTULOSE 10GM/15ML 16OZ**30 ML ORAL TWICE DAILY for 30 Days
KOPORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: REILLEY, PAUL KLAST DATE GIVEN KOP: 01/19/2018 08:21:10PM
REFILLS: 3 / 11
EXPIRATION DATE: 10/17/2018 12:40:00PM**METOPROLOL 25MG TABLET**1 TABS ORAL TWICE DAILY for 30
Days KOPORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: REILLEY, PAUL KLAST DATE GIVEN KOP:
REFILLS: 0 / 11
EXPIRATION DATE: 2/03/2019 02:07:00PM**NORTRIPTYLINE HCL 75MG
CAPSULE**

1 CAPS ORAL TWICE DAILY for 30 Days

ORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: REILLEY, PAUL KCOMPLIANCE: 95.06 %
REFILLS: 5 / 11
EXPIRATION DATE: 8/17/2018 02:25:00PM**OMEPRAZOLE 20MG CAPSULE**

1 CAPS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)
ORDERING PROVIDER: REILLEY, PAUL KLAST DATE GIVEN KOP:
REFILLS: 0 / 11
EXPIRATION DATE: 2/03/2019 02:07:00PM**MEDICAL RETURN FROM: RADIOLOGY-MRI CERVICAL/SPINAL CANAL WITHOUT CONTRAST**

APPOINTMENT DATE: 2/9/2018

RECOMMENDATIONS: INSERT FROM EPIC**Preliminary result****IMPRESSION:**

Multilevel degenerative changes result in up to moderate spinal canal stenosis at C5-C6, unchanged from the prior examination. Severe neural foraminal narrowing is identified at the same level, mildly progressed from before.

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:21 AM

DISPOSITION: (format will not write in this space)

To Whom it may concern:

Medical 2-15-18

I had a scheduled appt at H.G. today, but the Transportation Officers denied me because I can't turn my arms a certain way. They said I need a medical pass. (I lack the range of motion in my arms to do it per DCS policy). This isn't the first time this has happened. I've spoke to my provider Mr. Reilly and he said "there's got anything in his program that will explain my issue. Does this mean I can't make my medical appts?" "I need a medical pass, Reilly knows why."

Name:

Stephen Barbee

No.

999507

Unit:

Pokahy

Living Quarters:

12 AF 73

Work Assignment

DISPOSITION: (format will not write in this space)

100 (Rev. 11-86)

NSC
FEB 15 2018
A. J. [Signature]

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:21 AMScanned by HUMPHRIS, DELIA D. OCA on 09/10/2021 10:59
SUBJECT State only the problem on which you desire assistance

To whom it may concern:

Medical 2-21-18

Will you please let me know what appointment I
was forced to miss on Feb. 15th 2018.The transportation dept. officers wouldn't take me to H.G. because I
couldn't twist my arms a certain way (policy) yet I've been taken
all these years chained the way I can be, which is ~~secure~~ secure.

Name Stephen Barbee

No 999507

Unit Polinsky

Living Quarters 12 AF 73

Work Assignment

DISPOSITION. (Inmate will not write in this space)

02/15/2018 Attended Neurosurgery
appointmentYou are scheduled currently
with Neurology and Optometrist.Duplicate
FEB 25 2018
Apsis

01-60 (Rev 11-00)

PEARL PATIENT CHART EXPORTData Exported From the Pearl EMR
Friday, September 10, 2021 11:58:21 AM**CORRECTIONAL MANAGED HEALTH CARE
PROVIDER WRITTEN RESPONSE TO SICK CALL REQUEST**

Patient Name: BARBEE, STEPHEN D
 TDCJ #: 999507
 Date: 04/17/2018 10:26
 Facility: POLUNSKY (TL)
 Housing: 12AF1 CELL 73

Sick Call Request Date: 4/11/18

(This communication is to be attached to the sick call request form and returned to the patient.)

This communication is being sent to you to answer your sick call request. If you have questions about the information or do not understand it, you may drop a sick call request for additional information. If you currently are being treated for any medical condition, we would like to encourage you to follow your treatment plan like taking your medication regularly, keeping your scheduled appointments in the clinic and with specialists and coming to clinic for your scheduled treatments and check-ups.

Front cuff pass when using walker, and walker pass, renewed.

You have a permanent wheelchair van restriction.

Passes Data:

04/17/2018 10:27 - REILLEY, PAUL K PA

Add - RESTRAINTS / OTHER: No Cuff Behind Back # of Days: 365 Exp. Date: 04/17/2019 Comments: FRONT
 TRIPLE CUFF WHEN USING WALKER

Add - ORTHOPEDIC EQUIPMENT: Walker/Rollator # of Days: 365 Exp. Date: 04/17/2019

Restrictions Data:

04/17/2018 10:28 - REILLEY, PAUL K PA Reviewed and Current No Changes Needed.

Procedures Ordered:

Date Time	Description	Diagnosis	Comments	Special Instructions
4/17/2018 10:29AM	MD/MLP-CHART REVIEW	presence of artificial hip joint, (back disorder) dorsopathy, unspecified		

Electronically Signed by REILLEY, PAUL K. PA on 04/17/2018.
 ##And No Others##

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:20 AM

SUBJECT: State briefly the problem on which you desire assistance.

To whom it may concern: Medical 7-10-18
I need to see whomever "can evaluate and record" the range of motion in both of my arms.

This evaluation will have to be here at Polunsky Unit because the transportation people will not take me anywhere, because of my arms.

I need to find out why my arms are like this and what range of motion I have. Thank you!

Name: Stephen Barbee No: 999507 Unit: Polunsky
Living Quarters: 12AF73 Work Assignment:

DISPOSITION: (Inmate will not write in this space)

NCL

JUL 12 2018

One

L-28 (Rev. 11-93)

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:20 AM

SUBJECT: Since directly one problem or affect you choose medication.

To whom it may concern;

Medical 10-3-18

I had a scheduled appointment with Neurosurgery today (10-3-18), yet the transportation people came and said my app would reschedule.

"Why did my appt. reschedule?" Please let me know. Thank you!

Name: Stephen Barbee

No. 999507

Unit: — Blessing

Living Quarters: 12 AF 73

Work Assignment:

DISPOSITION: (narrative will not write in this space)

Rescheduled due to non compliance with
hand restraints required for transportation
By the time you become compliant
the clinic had rescheduled due to
inability to arrive on time

OCT 04 2018
Church
Oxley

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:19 AM

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: Stephen BarberDate: 2-13-19TDCJ No.: 999507

Work Assignment: _____

Work Hours: _____

Wing No: 12A F73

School Hours: _____

Service needed: ☐ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: Unable to clean myself after using the restroom.
My arms and neck could break from dryness.

How long have you had this problem?

Hours: _____

Days: Several weeks now

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender: _____

Part B: (To be completed by medical personnel - Do not write below this line)
Medical Reply: _____

Medical Staff Member's Signature: _____

Date: Feb 13 2019

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:19 AM

SUBJECT: State clearly the problem on which you desire assistance

To whom it may concern:

Medical 3-24-19

I went to Estelle Unit and saw medical - (O.T.) and she told me they were ordering a special tool to help me clean my rear end after I use the restroom because my arms have lost the range of motion to do that myself.

I went on 3-13-19. Am I able to have it? Please let me know because I need it.

Thank you,

Name: Stephen Barbée *

NO: 999507

Unit: Polinsky

Living Quarters: 12 AF73

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Home Sick Call Appointment Scheduled

MAR 27 2019

04-03 (Rev. 11-06)

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:18 AM

SUBJECT: State briefly the problem at which you desire assistance.

To whom it may concern: Medical 4-11-12

Will you please send me a new copy of my medical passes
(for my walker and No cuffs behind back, no cuff to arm, specify)
Thank you!

Name: Stephen Barbee No: 999507 Unit: Portsmouth
Living Quarters: 12AF73 Work Assignment: -

DISPOSITION: (Inmate will not write in this space)

See Attached
Passes/Restrictions

APR 13 2012

GR

0468 (Rev. 11-83)

PEARL PATIENT CHART EXPORTData Exported From the Pearl EMR
Friday, September 10, 2021 11:58:16 AM**CORRECTIONAL MANAGED HEALTH CARE
MENTAL HEALTH OUTPATIENT SERVICES
Restrictive Housing Assessment**Patient Name: BARBEE, STEPHEN D
TDCJ#: 999507
MOD: T T T - - -Date: 01/26/2021 11:30
Facility: POLUNSKY (TL)

Active Problems:

Chronic Care:

Essential (primary) Hypertension (htn) First Observed 1/30/2014 07:18AM

Dental:

Perio Type II First Observed 4/22/2014 01:31PM
Dental Examination First Observed 1/18/2019 01:23PM

Mental Health:

No Current Mental Health Needs First Observed 2/28/2006 02:12PM

Not Specified:

(back Disorder) Dorsopathy, Unspecified First Observed 12/8/2007 04:26PM
Presence Of Artificial Hip Joint First Observed 10/30/2009 03:21PM
Screening For Respiratory Tuberculosis (tb Class 0) First Observed 2/9/2012 03:16PM
Cervicalgia (neck D/o Or Pain) First Observed 10/21/2013 04:15PM
Fracture Of Head And Neck Of Femur First Observed 5/21/2014 11:16AM
Osteoarthritis Of Hip First Observed 2/18/2016 05:08PM
Cervical Disc Disorders First Observed 2/18/2016 05:09PM
Cough First Observed 1/26/2017 02:39PM
Anemia, Unspecified First Observed 2/21/2017 12:36PM
Osteoarthritis, Unspecified (oa, Djd) First Observed 10/5/2017 12:39PM
Medical Exam W/abnormal Findings, General Adult, Encounter For First Observed 2/21/2019 09:29AM
Pruritus First Observed 8/25/2020 09:51AM

MH RESTRICTIVE HOUSING ASSESSMENT

Visit information:

Type of visit: 90-day assessment

Seen 1/25/2021 (late entry) at (time): 09:28

Patient reported: RH inmate seen cellside. He greeted writer and did not voice any current MH complaints. Pt also denied current thoughts or plans for suicide, homicide or self-harm. No distress noted. ATC procedures were reviewed.

Objective:

MH MENTAL STATUS EXAM:

Appearance

Age: Appears stated age
Stature: Average height
Weight: Avg weight
Clothing: Appropriate
Grooming: Normal
Posture/Gait: Normal
Motor: Unremarkable
Manner: Cooperative

Condition of Cell Neat

MHS (10.2017)

Page 2 of 4

PEARL PATIENT CHART EXPORTData Exported From the Pearl EMR
Friday, September 10, 2021 11:58:15 AM**CORRECTIONAL MANAGED HEALTH CARE
MENTAL HEALTH OUTPATIENT SERVICES
Restrictive Housing Assessment**Patient Name: BARBEE, STEPHEN D
TDCJ#: 999507Date: 04/22/2021 11:01
Facility: POLUNSKY (TL)DES: 3 3 3 1 1 1
COD: M E E A A A
MOD: T T T - - -**Active Problems:****Chronic Care:**

Essential (primary) Hypertension (htn) First Observed 1/30/2014 07:18AM

Dental:Perio Type II First Observed 4/22/2014 01:31PM
Dental Examination First Observed 1/18/2019 01:23PM**Mental Health:**

No Current Mental Health Needs First Observed 2/28/2006 02:12PM

Not Specified:(back Disorder) Dorsopathy, Unspecified First Observed 12/8/2007 04:26PM
Presence Of Artificial Hip Joint First Observed 10/30/2009 03:21PM
Screening For Respiratory Tuberculosis (tb Class 0) First Observed 2/9/2012 03:16PM
Cervicalgia (neck D/o Or Pain) First Observed 10/21/2013 04:15PM
Fracture Of Head And Neck Of Femur First Observed 5/21/2014 11:16AM
Osteoarthritis Of Hip First Observed 2/18/2016 05:08PM
Cervical Disc Disorders First Observed 2/18/2016 05:09PM
Cough First Observed 1/26/2017 02:39PM
Anemia, Unspecified First Observed 2/21/2017 12:36PM
Osteoarthritis, Unspecified (oa, Djd) First Observed 10/5/2017 12:39PM
Medical Exam W/abnormal Findings, General Adult, Encounter For First Observed 2/21/2019 09:29AM
Pruritus First Observed 8/25/2020 09:51AM**MH RESTRICTIVE HOUSING ASSESSMENT****Visit information:**

Type of visit: 90-day assessment

Seen this date at (time): 08:00

Patient reported: RH Pt was seen cell side. Pt denies any current MH complaints. "I am fine." Pt displayed no signs of MH symptoms. Pt was calm, cooperative and friendly during interview. No signs of distress. ADL's being performed. Access to care was explained. Denied SI/HI.

MH MENTAL STATUS EXAM:**Appearance**Age: Appears stated age
Stature: Average height
Weight: Avg weight
Clothing: Appropriate
Grooming: Normal
Posture/Gait: Normal
Motor: Unremarkable
Manner: Cooperative

MHS (10.2017)

Page 2 of 4

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 11:58:15 AM

Mr. Preitley, (my Provider)

Medical 3-14-21

Will you please renew my, "medical pass'es", expired 2-18-21* Utility ~~use~~ Use Wheelchair

* Walker / Rollator

* Disability shower

* No handcuff behind back

* No cuff to Arm (Specify) (Both arms)

(I can no longer turn arms and or wrist, where palms are face up.)

Also, will you please renew my
Simbatta 60mg, expired.
(Spelling?)

Thank you!

Stephen Barbee

12 BD 45

Referred to MD/MLP for Med Renewal MAR 16 2021

999507

Building 10

Medical

3-14-21

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:12 PM

**CORRECTIONAL MANAGED HEALTH CARE
OCCUPATIONAL THERAPY CLINIC NOTE**

Patient Name: BARBEE, STEPHEN D
TDCJ#:999507

Date: 03/14/2019 08:16
Facility: ESTELLE (E2)

that I have ordered a toilet aid and briefly discussed with law enforcement which one would be appropriate for him to have to use on a daily basis. Pt is worried it will not work and advised we have to try this first and to really try to use the tool to his benefit.

Advised since we would have to order the equipment, it would be taken to him when it arrived.

Procedures Ordered:

Date Time	Description	Diagnosis	Comments	Special Instructions
3/14/2019 02:20PM	OT-OCCUPATIONAL THERAPY VISIT ENCOUNTER CREDIT (F)	{BACK DISORDER} DORSOPATHY, UNSPECIFIED		
3/14/2019 02:20PM	ACTIVITIES OF DAILY LIVING ADL	{BACK DISORDER} DORSOPATHY, UNSPECIFIED		

Electronically Signed by GRAY, CHARLENE OT on 03/14/2019.
##And No Others##

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:23 PM

POLUNSKY (TL)

Patient Name: BARBEE, STEPHEN D
MRN: 999507

=====

CLIPPER CLINIC

Entered On: 04/04/2021 08:55:55

Entered By: MIKULEC, KAMERON L.V.N.

Inmate was able to get his toes clipped by this nurse in AB medical with 2 security officers present. No difficulties noted while clipping nails.

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:23 PM

POLUNSKY (TL)

Patient Name: BARBEE, STEPHEN D
MRN: 999507

=====

CLIPPER CLINIC

Entered On: 10/28/2018 15:31:56

Entered By: GARNEY, PATRICIA L.V.N.

PT IS ESCORTED TO AB MEDICAL TO HAVE HIS TOENAILS CLIPPED. PROCEDURE DONE AS REQUESTED. PT
TOLERATED WELL.

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:23 PM

POLUNSKY (TL)

Patient Name: BARBEE, STEPHEN D
MRN: 999507

=====

NURSING FOLLOW-UP

Entered On: 12/18/2016 10:48:03

Entered By: ROBBINS, CYNTHIA A. L.V.N.

PATIENT'S TOENAILS CUT BY THIS NURSE. PATIENT TOLERATED WELL. NO PROBLEMS NOTED.

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Friday, September 10, 2021 1:12:23 PM

POLUNSKY (TL)

Patient Name: BARBEE, STEPHEN D
MRN: 999507

=====

CLIPPER CLINIC

Entered On: 05/03/2015 18:28:11

Entered By: BURNETT, PATRICIA L. L.V.N.

Offender was assited in cutting his toenails as he is unable to cut them himself.

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Tuesday, October 11, 2022 4:06:14 PM

To whom it may concern;

Medical 5-16-22

Will you please renew my medical pass's they expire on 6-2-22.

- * Wheelchair
- * Walker
- * Disability Shower
- * No Cuff Behind Back
- * Long-handled Sponge / Brush - does not expire

Thank you!

Plouder Chart Review
Stephen Barber *Dr. Phryge*
12 AF 72

999507

5-16-22

MAY 18 4:3:21
J. Smitherman BSN RN

Pakosky Unit

Medical dept.
10 Building

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Tuesday, October 11, 2022 4:06:14 PM

SUBJECT: State briefly the problem on which you desire assistance.

MB. Barbee,

Medical - 5-31-22

Please review my Benedryl ^{exp 4/11/22} and Naproxen 500 (2x daily) (50mg 2x daily)

Someone keeps - NOT - renewing it. The Naproxen is making me itch really bad!!! expires 6/11/22

Thank you!

Name: Stephen Barbee

No: 999507

Unit:

Living Quarters: 12 AF 72

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Referred to MD/MLP for Med Renewal

JUN 6 2022

K. Smitherman

J. Smitherman BSN RN

04-00 (Rev. 11-00)

ADDRESS:

(Name and title of official)

TO:

DATE: 5-31-22

Medical

8. ☐ Personal interview with a representative of an outside agency (Treatment Division, Administration Building)
7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)
6. ☐ Parole requirements and related information (Unit Parole Counselor)
5. ☐ Visiting List (Asst. Director of classification, Administration Building)

4. ☐ Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8510 Shoal Creek Blvd Austin, Texas 78757)
3. ☐ Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)
2. ☐ Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
1. ☐ Unit Assignment Transfer (Chairman of Classification, Administration Building)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

REASON FOR REQUEST: (Please check one)

INMATE REQUEST TO OFFICIAL

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Tuesday, October 11, 2022 4:06:14 PM

SUBJECT: State briefly the problem on which you desire assistance.

To whom it may concern:

Medical 7-13-22

I sent in an I-60 requesting a test for Muscular dystrophy because I've been losing a lot of muscle mass even when working my body, especially my arms.

The response to my Request on 6-25-22 (response 6-28-22) said "Provider Routine Clinic"

Yet I have not seen my provider, it's been 16 days as of today. Please check on this for me. Thank you!

Name: Stephen Barbee

No:

999507

Unit:

Pekinsky Unit

Living Quarters:

12 AD 43

Work Assignment:

DISPOSITION: (inmate will not write in this space)

PROVIDER ROUTINE CLINIC *MM*

11-20 (Rev. 11-20)

ADDRESS:

10 Building

TO:

Medical / Provider

DATE:

7-13-22

1. ☐ Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2. ☐ Restoration of Lost overtime (Unit Warden if approved, it will be forwarded to the State Disciplinary Committee)
3. ☐ Request for Promotion in Class or to Trusty Class (Unit Warden if approved, will be forwarded to the Director of Classification)
4. ☐ Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd Austin, Texas 78757)
5. ☐ Visiting List (Asst Director of Classification, Administration Building)
6. ☐ Parole requirements and related information (Unit Parole Counselor)
7. ☐ Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration)
8. ☐ Personal interview with a representative of an outside agency (Treatment Division, Administration Building)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

REASON FOR REQUEST: (Please check one)

INMATE REQUEST TO OFFICIAL

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

PEARL PATIENT CHART EXPORTData Exported From the Pearl EMR
Tuesday, October 11, 2022 4:06:13 PM**CORRECTIONAL MANAGED HEALTH CARE
MD/MLP CHART REVIEW**Patient Name: BARBEE, STEPHEN D
TDCJ#: 999507Date: 07/19/2022 14:23
Facility: POLUNSKY (TL)

Age: 55 year DOB: 03/30/1967 Sex: Male Race: WHITE DOI: 2/27/2006

Most recent vitals from 9/30/2021:

BP: 119 / 76 (Sitting)	Weight:	Height: 70 In.	BMI:
Pulse: 64 (Sitting)	Resp:	Temp: 97.2 (Forehead)	O2 Sat:

Allergies: ASPIRIN-LIKE ANALGESIC, SALICYLATES NSAIDS**Current Medications:****ASPIRIN EC 81MG TABLET**1 TABS ORAL EVERY MORNING for 30
Days KOPEXPIRATION DATE: 7/30/2022 02:28:00PM
REFILLS: 11 / 11LAST DATE GIVEN KOP: 06/30/2022 08:16:15AM
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

ATORVASTATIN 10MG TABLET1 TABS ORAL EVERY EVENING for 30
Days KOPEXPIRATION DATE: 7/30/2022 02:29:00PM
REFILLS: 11 / 11LAST DATE GIVEN KOP: 06/30/2022 08:16:30AM
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

DIPHENHYDRAMINE 50MG**CAPSULE**
1 CAPS ORAL TWICE DAILY for 30 DaysEXPIRATION DATE: 9/05/2022 09:07:00AM
REFILLS: 1 / 2

COMPLIANCE: 69.77 %

ORDERING PROVIDER: WALLACE, REGINALD A
ORDERING FACILITY: POLUNSKY (TL)**DULOXETINE DR 60MG CAPSULE**1 CAPS ORAL EVERY MORNING for 30
Days KOPEXPIRATION DATE: 7/30/2022 02:28:00PM
REFILLS: 11 / 11LAST DATE GIVEN KOP: 06/30/2022 08:16:44AM
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

LACTULOSE 10GM/15ML 16OZ30 ML ORAL TWICE DAILY for 30 Days
KOPEXPIRATION DATE: 7/30/2022 02:28:00PM
REFILLS: 11 / 11LAST DATE GIVEN KOP: 05/01/2022 01:09:11AM
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

LEVOTHYROXINE 0.025MG TABLET1 TABS ORAL EVERY MORNING for 30
Days KOPEXPIRATION DATE: 7/30/2022 02:27:00PM
REFILLS: 11 / 11LAST DATE GIVEN KOP: 06/30/2022 08:16:59AM
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

METOPROLOL 25MG TABLET1 TABS ORAL TWICE DAILY for 30
Days KOPEXPIRATION DATE: 7/30/2022 02:29:00PM
REFILLS: 11 / 11LAST DATE GIVEN KOP: 06/30/2022 08:17:11AM
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

NAPROXEN 500MG TABLET1 TABS ORAL EVERY MORNING for 30
Days KOP
**PT IS NOT ALLERGIC TO
NAPROSYN**EXPIRATION DATE: 9/05/2022 09:07:00AM
REFILLS: 1 / 2LAST DATE GIVEN KOP: 07/07/2022 07:02:12AM
ORDERING PROVIDER: WALLACE, REGINALD A

ORDERING FACILITY: POLUNSKY (TL)

Passes Data:

07/19/2022 14:24 - JULYE, ERNESTINE A DR. MD

Disc - Restraints / Other: No Cuff Behind Back # of Days: 365 Stop Date: 07/19/2022

- front cuff pass is not required for offenders on walkers or canes, defer to security to "restrain in appropriate manner for use of walker/cane"

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
 Tuesday, October 11, 2022 4:06:13 PM

CORRECTIONAL MANAGED HEALTH CARE
Chronic Care Clinic Note

Patient Name: BARBEE, STEPHEN D
 TDCJ#:999507

Date: 08/03/2022 11:06
 Facility: POLUNSKY (TL)

External ears appear normal
 Canals unobstructed and normal in appearance
 Nose:
 Septum appears normal
 Mouth / Throat:
 Oropharynx clear
 Oral mucosa hydrated and without lesions
 Cardiac:
 Regular rate and rhythm
 Normal S1 and S2
 No murmurs
 Pulmonary:
 Lungs clear to auscultation
 No wheezes
 Abdomen:
 Soft, non-tender to palpation
 No hepatosplenomegaly
 Rectal:
 Normal sphincter tone
 Prostate normal and non-tender, without masses
 Upper extremities:
 Abnormal findings: LEFT ELBOW ROM 60-105
 Lower extremities:
 Abnormal findings: TRACE BLE EDEMA
 Neurological:
 Alert and oriented X 3
 Abnormal findings: IN WHEELCHAIR DUE TO BLE WEAKNESS
 Genitourinary:
 Normal penis
 No inguinal hernias or masses appreciated
 Testicles normal, non-tender, and without masses

Assessment / Diagnostic plan (all chronic problems):

Hypertension
 Continue present management
 At goal

General plan:

Diet order:
 Regular Diet order:
 Patient signed Refusal of Treatment (ROT) for therapeutic diet
 REGULAR DIET
 Patient Order Added: DIET ORDER-REGULAR DIET Order Date: 08/03/2022 11:19:12 User: REILLEY, PAUL

K

Patient problem list has been reviewed and updated as necessary: Yes

PULHES / Restrictions: No changes necessary

Continuity of Care / Discharge Planning: Patient will NOT require continuity of care planning by TCOOMMI prior to discharge from TDCJ.

Disposition:

Schedule next CCC visit:
 Reminder Completed: CCC CHRONIC CLINIC REMINDER
 Reminder Date: 07/29/2023 11:18
 To Do User Type: PHYSICIAN ASSISTANT
 To Do User: REILLEY, PAUL K
 Reminder Comment: HTN, DFH, MEDS EXP 7/23
 Reminder Created: CCC CHRONIC CLINIC REMINDER

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Tuesday, October 11, 2022 4:06:13 PM

CORRECTIONAL MANAGED HEALTH CARE
Chronic Care Clinic Note

Patient Name: BARBEE, STEPHEN D
TDCJ#:999507

Date: 08/03/2022 11:06
Facility: POLUNSKY (TL)

PE completed - Schedule next Annual Physical Exam:
Reminder Completed: MD/MLP-ANNUAL PHYSICAL EXAM
Reminder Date: 07/15/2023
To Do User Type: PHYSICIAN ASSISTANT
To Do User: REILLEY, PAUL K
Reminder Created: MD/MLP-ANNUAL PHYSICAL EXAM

Provider encounter capture:

Full CCC Visit:

Patient Order Added: CHRONIC CARE PROVIDER2-INTERMEDIATE OFFICE VISIT (F) Order Date:
08/03/2022 11:19:12 User: REILLEY, PAUL K
Annual Physical Exam

Patient Order Added: Procedure Date: 08/03/2022 11:19:12 User: REILLEY, PAUL K

Passes Data:

08/03/2022 11:20 - REILLEY, PAUL K PA

Add - CLOTHING / SHOES: Medical Shirt w/Zipper # of Days: 365 Exp. Date: 08/03/2023
Add - RESTRAINTS / OTHER: No Cuff Behind Back # of Days: 365 Exp. Date: 08/03/2023
Modify - Wheelchair: Utility Use Wheelchair # of Days: 365 Exp. Date: 08/03/2023
Modify - Orthopedic Equipment: Walker/Rollator # of Days: 365 Exp. Date: 08/03/2023
Modify - Movement / Cell Restrictions: Disability Shower # of Days: 365 Exp. Date: 08/03/2023

Stopped Meds:

DIPHENHYDRAMINE 50MG CAPSULE
PROVIDER: WALLACE, REGINALD A
REFILLS: 0 / 1

1 CAPS ORAL TWICE DAILY for 30 Days KOP

START DATE:08/03/2022 10:11 AM
EXPIRATION DATE: 10/02/2022 10:11 AM

NAPROXEN 500MG TABLET
PROVIDER: WALLACE, REGINALD A

1 TABS ORAL EVERY MORNING for 30 Days KOP
Special Instructions: **PT IS NOT ALLERGIC TO
NAPROSYN**

START DATE:06/07/2022 09:07 AM
EXPIRATION DATE: 9/05/2022 09:07 AM

REFILLS: 2 / 2

Started Meds:

DIPHENHYDRAMINE 50MG CAPSULE
PROVIDER: REILLEY, PAUL K
REFILLS: 0 / 2

1 CAPS ORAL TWICE DAILY for 30 Days KOP

START DATE:08/03/2022 11:22 AM
EXPIRATION DATE: 11/01/2022 11:22 AM

NAPROXEN 500MG TABLET
PROVIDER: REILLEY, PAUL K

1 TABS ORAL TWICE DAILY for 30 Days KOP
Special Instructions: **PT IS NOT ALLERGIC TO
NAPROSYN**

START DATE:08/03/2022 11:21 AM
EXPIRATION DATE: 11/01/2022 11:21 AM

REFILLS: 0 / 2

Reminders Closed:

Description	Date Time	Closed On	Comments
MD/MLP- ROUTINE VISIT	08/03/2022 10:45	08/03/2022 11:22	SCR 7/15/22R050 8/3/22
MD/MLP- ROUTINE VISIT	08/03/2022 10:54	08/03/2022 11:22	SCR 06/28/22.R050 8/3/22
MD/MLP-CHART REVIEW	08/03/2022 13:34	08/03/2022 11:22	Schedule this chart review with the unit MD (DR JULYE) PER NOTE 07/25/22

Electronically Signed by REILLEY, PAUL K. PA on 08/03/2022.

##And No Others##

PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR
Tuesday, October 11, 2022 4:06:13 PM

To whom it may concern:

Medical 8-28-22

I had sent an l-60 7-20-22 with a response (7-22-22) of "Provider Chart Review"

I never heard back from my Provider!

Julie Ernestine M.D. wrote "In the interest of Public Safety your Pass for restraints was included in a system wide review and does not meet criteria for medically essential," PROVIDER CHART REVIEW

my l-60 read "What does this mean"

AUG 30 AM 1:48

I would like to know what that statement means.
Does it mean I can no longer be transported for my medical appointments?

Thank you!

Stephen Barbee

999507

Polunsky Unit

12 AA 04

22-82-8

Medical dept.
10 Building

APPENDIX 3

I Stephen Barbee, hereby declare as follows:

My name is Stephen Barbee and I am over the age of 21 and am competent to make this declaration. I am incarcerated on death row at the Polunsky Unit in Livingston, Texas. My Texas Department of Criminal Justice number is 999 507.

In Jan. 2005 I was at work and an estimated weight from 300-400 lb. metal pipe fell from 12' and struck me in the head near the front lobe area. I had a hard hat on which was cracked when it hit me.

I was knocked out and woke up at Parkland hospital. Since then after being fit and healthy, my arms and legs have been losing a lot of range-of-motion.

I was issued a special medical pass on 7-23-2018 by my Polunsky Unit Doctor, Dr. Geddes, (I'm assuming Dr. Geddes works for UTMB since ~~UT~~^{UTMB} UTMB has the medical contract). I needed this special medical pass because I

2

no longer could have handcuffs placed on my arms per T.D.C.J. policy, which requires my palms of either hand face upward. I can no longer turn my arms with my palms upward, only to where it looks ~~as if~~ ^{as if} I wanted to shake hands with someone.

Because of the loss of range-of-motion in both arms T.D.C.J. transportation dept. refused to take me to the hospital for my medical appointments. I missed around 14 or so appt.'s straight, where UTM B quit setting them.

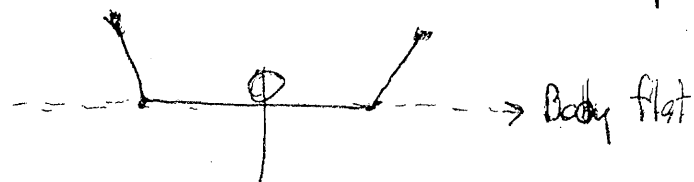
I also have a special medical pass for a tool to clean myself after using the restroom because of the loss of my range-of-motion. I can no longer reach around to my back.

Both arms hurt where it feels like I hit my funny-bone 24/7, which has made my arms so weak it's very difficult to do anything, really sensitive.

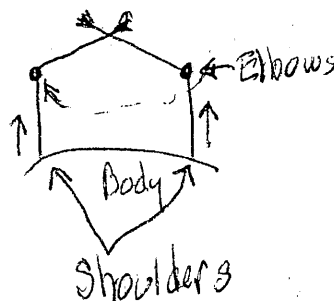
3

If and when I ly on my back and stretch out my arm's to the side my arm's stand up in the air. When I sleep I try to lean my arm up on the wall and ly so close where it wont reach to the point where it feels like someone trying to break my arm.

If someone was to be at my feet level with me looking towards my head and my arm's were out to my side, my arm's look like this.... up in the air.



If I'm standing and my arm's are straight out in-front of me, (my shoulder to my elbow) my arm's look like this....



My arm's cross one another.

4

If someone wants my arms to straighten out in any way, I guess one would have to break my arms, because even forcing them, they won't straighten out. It's been like this ~~for~~ for year's and is getting worse.

I declare under penalty of perjury of the laws of the State of Texas that the foregoing is true and correct to the best of my knowledge.

8-20-21

At 4:30pm at the Polonsky Unit

Steve Br



OFFENDER MEDICAL PASS

Name: BARBEE,STEPHEN D TDCJ#: 999507

AGE: 51 RACE: WHITE SEX:MALE

PRINT DATE: 10/03/2018

This document supersedes all previous.

MEDICAL PASSES

Pass Description: **Walker/Rollator**

Ordering Provider: REILLEY, PAUL K

Issue Date: 04/17/2018 Expiration Date: **04/17/2019**

Includes walkers, rolling walkers with wheels, knee walkers, etc. Pass includes permission to use attachable mesh bag.

Pass Description: **No Cuff Behind Back**

Ordering Provider: REILLEY, PAUL K

Issue Date: 04/17/2018 Expiration Date: **04/17/2019**

Pass Description: **No Cuff to Arm (Specify)**

Location: **Both**

Ordering Provider: GEDDES, JAMES D

Issue Date: 07/23/2018 Expiration Date: **07/23/2019**

↑
*Provider Instructions state:
Cannot be cuffed with either hand
Palm turning upwards due to elbow
arthritis Bilaterally.*

APPENDIX 4

Declaration of Adrián de la Rosa

I, Adrián de la Rosa, hereby declare as follows:

1. My name is Adrián de la Rosa and I am over the age of 21 and I am competent to make this declaration. I am an investigator employed by the Federal Public Defender, Capital Habeas Unit, Western District of Texas, 919 Congress Ave., Ste. 950, Austin, Texas 78701, phone (737) 207-3007.

2. I visited Mr. Stephen Barbee, TDCJ No. 999507 at the Polunsky Unit, Livingston, Texas on September 3, 2021 at the request of his counsel, A. Richard Ellis. This was my first visit with Mr. Barbee. We spoke for about three and a half hours.

3. Mr. Barbee was brought out to the visiting booth at around 9:55 a.m. He was brought out in a wheelchair with his arms handcuffed in front of him. When they opened the door, he began adjusting to make the transition into the booth. It looked like he was struggling to stand up and make it into the booth. He used the door as support and shuffled inside, taking a seat as soon as he could. Even taking a seat looked like it was a struggle for him.

4. As soon as Mr. Barbee sat, he smiled and went to pick up the phone. His arm immobility was immediately noticeable as he reached for the telephone. All his arm movements were very noticeably limited, and his arms looked skinny.

5. As we moved to a different booth, I watched Mr. Barbee closely as he prepared to leave booth 2A. He again appeared to struggle to stand, and he used the door to steady and brace himself as best he could. His arms never fully extended out, and they were in a constant bent state at the elbow. He sat back down in the wheelchair, and they moved him over to the next booth. He again struggled to stand, and shuffled into the booth, using the door and walls to keep steady. He looked to be in pain throughout.

6. When he finally sat down, he looked like he was in pain. We spoke for about twenty minutes before the guards came to say the warden said we had to move to another booth. They moved us to booth 7A. The third move allowed me

to observe Mr. Barbee move around again. Similar observations were made regarding his difficulties.

7. Mr. Barbee said he hurts 24 hours a day, 7 days a week. He described it as the sensation and pain you feel when you hit your funny bone. He said they gave him a steroid shot about a week and half ago, hoping that that would help him with his pain. He showed me the area where he received the shot near his right elbow and there was a bruise. Stephen pointed out how little muscle mass he has in his arms.

8. He said his arms constantly hurt. Mr. Barbee held out his arms in front of his body to show me his range of motion, and his arms were in a constant bent state. He never once held out his arms straight in front of his body or straight out to his side because he said he is unable. Mr. Barbee said he cannot turn his hands up, with his palms facing up toward the sky.

9. Mr. Barbee said he was like me when he first arrived to TDCJ. He said he had full mobility and could move his arms in all directions. He first started having issues and problems with his left arm, then his right leg began to give him grief, then his left leg and then his right arm. Stephen noted that his right arm isn't as bad as his left arm, and he has slightly more mobility, but not much.

10. He took a can of Dr. Pepper I bought for him and showed me how he struggles to hold it at times. He said he has to use both hands, one hand to hold the can regularly, and the other hand's thumb, to prop up under the can.

11. I asked him if he remembered when he first felt pain in his left arm. He said he remembers it started hurting in 2007 and slowly started "drawing up," tightening in toward his body, resulting in the constant state of his arm being bent at the elbow. He remembered going to medical and seeing Dr. Zond to tell him about his pain. Dr. Zond told him to turn around, so he could look at him. Stephen turned around and Dr. Zond said it was arthritis.

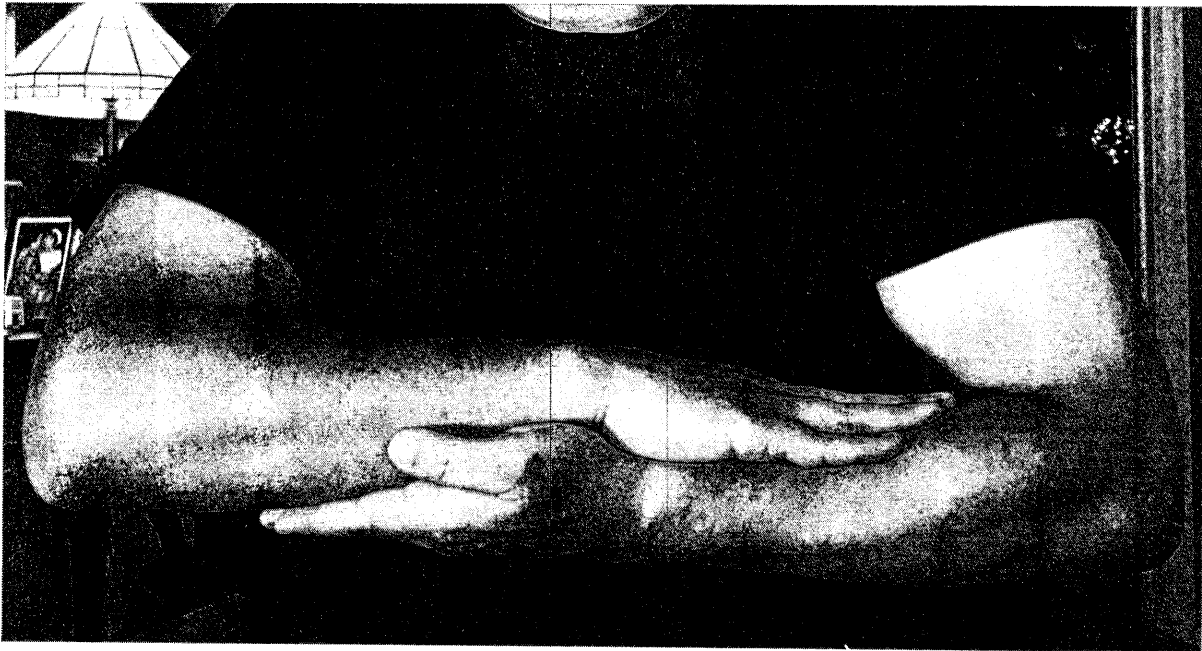
12. He also said the diagnosis of arthritis doesn't make any sense with the medication that he's taking. He said he's been taking medication for nerve damage (generic Cymbalta) and another for psychological issues and nerve damage

(Nortriptyline). Unfortunately, he said he doesn't recall how long he's been taking the medication, but he said he thinks it's been a while. He also said they've changed his medication as well, which is confusing.

13. At one point, Mr. Barbee said he was taking medication for seizures. I asked him if he's ever had seizures and he said he has not.

14. Mr. Barbee has had his two hips replaced while in TDCJ. He said he had his first hip replaced on September 1, 2009, and his second on September 1, 2016. After one of the hip replacement surgeries, about two or three days after, he was in physical therapy, and he passed out. I asked Stephen if he knew what happened when he fell. Specifically, I wondered if he could have injured himself, hitting his head or neck, or maybe suffered any other major damage from the fall. He said he was sitting on the bed and fell back on the bed. He laughed and said they told him his legs stayed bent when he fell back onto the bed, and he was laying there in a seated position, with his legs in the air. When he woke up, he said there were about ten people in the cell with him.

15. Mr. Barbee said that when he's transported, he is supposed to travel with his arms bent in front of his body, left arm under right arm, left palm facing up toward the sky and right palm facing down. (See photo below.)



16. Because he is unable to turn his palm up toward the sky, he said Dr. Geddes gave him a pass that said he could put his arm in front his body without having to turn his palm up toward the sky.

17. Mr. Barbee said he has two herniated disks pushing on his spinal cord.

18. Mr. Barbee said he has written several grievances regarding his medical issues and problems and TDCJ not doing anything about them. He said it's probably near 20 or 30 medical grievances about pains in his arms

19. Mr. Barbee said his date was set on July 6th, 2021. On July 9th, 2021, he was told that the warden wanted to see him. He didn't know why, but apparently that's what happens when a date is set. The warden calls you to his office and they tell folks about their date. I asked Stephen who was present during the meeting, and he said it was Warden Dickerson and Major Stern.

20. Mr. Barbee said this was the first time he said anything to Warden Dickerson about his concerns regarding his inability to straighten his arms out once they'd place him on the gurney. Stephen said the warden told him the arm

restraints on the gurney come out like a cross. He told Warden Dickerson that he won't be able to straighten out his arms for the needle.

21. Warden Dickerson stood up and stretched out his arms, placing his body in a cross shape. He asked Stephen if he could do that, arms out and palms up. Stephen said he could not do that and showed him his limited arm mobility.

22. Mr. Barbee said he told the warden that the only way they would be able to straighten out his arms is if they broke them. He said Warden Dickerson laughed and said, "That ain't gonna happen."

23. Mr. Barbee said if he was lying on his back, there is no way his palms can face the sky with his arms stretched out (creating a 90-degree angle, his body in the shape of a cross). (See photo below)



He said the only way his palms could theoretically face up toward the sky is if his hands were out above his shoulders. (See photo below).



24. From my observations, this is the extent that Stephen can straighten out his arms. From left to right, his right arm is bent at 45-degrees, his head would be at 90-degrees, and his left arm would be at 135-degrees.

25. When Mr. Barbee expressed his concern, Warden Dickerson made him show him the extent of his arm mobility. Warden Dickerson took photos of Stephen with his cell phone camera. Stephen sat in a chair, leaned back, and did his best to raise his palms. Stephen said they took his handcuffs off for the photos. (See photo above.)

26. Mr. Barbee hasn't heard anything about his concerns or about any sort of contingency plan TDCJ is going to use for his special circumstances. No one has told him anything about what they're going to do.

27. Mr. Barbee said one of his trips to Estelle Unit, they measured his arm movement and radius. They used what looked like a ruler or a protractor and took measurements. Stephen said those should be in his medical records.

28. Mr. Barbee said he had his yearly physical in June. They did not take any measurements of his arms. His medical provider is P.A. Paul K. Reilley. Stephen said he's been telling P.A. Reilley about the pain in his arms, but his response was, "The pain won't kill you, just deal with it."

29. Mr. Barbee said this physical also caused him concern about his date. When they took blood, they took it from his right hand, just above his pointer finger knuckle. He said they're unable to draw blood in the normal way and he started wondering what was going to happen on his date.

30. I declare under penalty of perjury of the State of Texas that the foregoing is true and correct to the best of my knowledge.

DATED: 9/15/2021

AT:  _____

Declaration of Adrián de la Rosa

I, Adrián de la Rosa, hereby declare as follows:

1. My name is Adrián de la Rosa and I am over the age of 21 and I am competent to make this declaration. I am an investigator employed by the Federal Public Defender, Capital Habeas Unit, Western District of Texas, 919 Congress Ave., Ste. 950, Austin, Texas 78701, phone (737) 207-3007.

2. I visited Mr. Stephen Barbee, TDCJ No. 999507, at the Polunsky Unit, Livingston, Texas on September 15, 2022, at the request of his lead counsel, A. Richard Ellis. Mr. Barbee and I spoke for about an hour and forty-five minutes.

3. Mr. Barbee was seated when I arrived, and he smiled as he looked up to welcome me. As is customary in these meetings, we greet each other by pressing our hands against our respective sides of the glass partition between us. Although the counter between Mr. Barbee and the glass is only about eleven inches deep, Mr. Barbee struggled to lean over and reach the glass. He grimaced in pain when he reached toward the glass and again when he picked up the phone on his end.

4. Throughout our visit, I could see Mr. Barbee struggled to move in the booth. He seemed uncomfortable and uneasy, and he moved slowly. Mr. Barbee had a difficult time holding the phone as we spoke. Several times when he moved, even to readjust his grip on the phone, he grunted in pain. Those sounds and his expression indicated he was in pain or discomfort throughout our conversation.

5. I bought Mr. Barbee a can of iced tea. He had a great deal of difficulty opening the can and lifting it to his mouth. It was apparent from his movements that he does not have strength or mobility in his hands and arms. They appear stiff, contracted, and largely immobile. His hands and arms are small and emaciated compared with the rest of his body, as though atrophied. Although he was finally able to open the drink, it took quite some time for him to accomplish this simple task. He needed both hands to take a sip from the can.

6. Aside from Mr. Barbee's poor physical well-being, he also appears to be struggling with his mental health. He was more emotional and anxious in this meeting than in prior meetings. The extent of the change was surprising. He cried throughout our visit and spoke softly about areas in his case. His thoughts were scattered. He appeared to be depressed.

7. Although I did not see how Mr. Barbee moved from his cell to the visiting area, the last time I met with him, prison staff brought him in a wheelchair. This time, Mr. Barbee was seated in the booth when I arrived. In his current condition, it is clear that Mr. Barbee cannot move freely, with agility, with anything close to full range of motion, or with more strength than a small child possesses. I do not believe, given how I saw him during this visit, that he could be dangerous to other inmates or the prison staff.

I declare under penalty of perjury under the laws of the United States and State of Texas that the foregoing is true and correct to the best of my knowledge.

Subscribed to by me this 14th day of October 2022 in Travis County, Texas.

A handwritten signature in black ink, appearing to read 'Adrian de la Rosa', is written over a horizontal line.

Adrián de la Rosa

APPENDIX 5

Pamela Blake MD, FAHS
Board-Certified Neurologist
2711 Ferndale Street
Houston, TX 77098

September 26, 2021

Neurological Evaluation of Stephen Barbee DOB 3/30/1967

I was asked by Counsel, Richard Ellis, to examine Mr. Barbee and to render an opinion as to the cause and status of the condition the weakness affecting his arms, particularly regarding reduced range of motion in his elbows, and any complicating role that this condition may play in the administration of intravenous medications. Mr. Barbee is currently an inmate at the Polunsky Unit of the Texas Department of Criminal Justice. An execution date has been set for October 12, 2021. Medical records and other documents were reviewed for this report, and I conducted a neurological evaluation of Mr. Barbee at the Polunsky Unit on September 24, 2021.

Records reviewed include:

- Declaration of Stephen Barbee, dated 8/20/2021
- Declaration of Adrian De La Rosa, Investigator for the Federal Public Defender, Capital Habeas Unit, Western District of Texas, dated 9/3/2021
- Medical records from UTMB Galveston
- Interview and physical examination of Mr. Barbee on September 24, 2021

Family history. There is no history of neurological conditions in the family. Mr. Barbee's father died in 2008 at an advanced age from colon cancer. Mr. Barbee states that he had rheumatoid arthritis. Mr. Barbee's mother is alive, aged 80, and in fairly good health. Mr. Barbee had one brother, who died at the age of 20 in a car crash in 1983, and a sister who died at the age of 20 of an acute illness in 1981. Mr. Barbee does not have any children.

Neurological history. Mr. Barbee reports that he was healthy as a child. He had no neurological conditions such as weakness, numbness, or difficulty with his gait. He was able to walk and run normally. No one in the family had or has similar problems of weakness.

In 2005, Mr. Barbee was struck on the head by a very heavy metal pipe that fell from a height of 12 feet; the pipe struck with sufficient force to crack his hard hat. Mr. Barbee had a loss of consciousness, and he regained consciousness and awareness within an hour. He was assessed at Parkland hospital and a CT scan of the brain was negative. Mr. Barbee made a full recovery from the injury and did not have any cognitive or physical symptoms for several months following the injury.

Mr. Barbee noticed weakness in the left arm in about 2005, when he was 37, and around 6-12 months after the head injury. There was no pain at the onset of the weakness. The weakness gradually progressed. Mr. Barbee noted that the muscles of the left arm would occasionally spontaneously contract and the arm would 'draw up' (meaning flex at the elbow) involuntarily. Mr. Barbee gradually lost the ability to extend (straighten) the left elbow within about a year.

The second extremity to be affected was the right leg, beginning in about 2007, when Mr. Barbee was aged 39. The muscles started involuntarily contracting as the left arm had.

The third extremity began to be affected was the left leg, beginning in about 2014, when Mr. Barbee was aged 48.

The fourth extremity began to be affected was the right arm, beginning in about 2018, when Mr. Barbee was aged 50.

The weakness in the arms progressed steadily to the point at which Mr. Barbee lost function of both of his arms. The elbow joints became progressively more fixed, with progressively reduced range of motion, to the point at which Mr. Barbee had almost no functional use of the arms. The left arm is more affected with regard to reduced range of motion; there is currently almost no movement of the left elbow. There is reduced range of motion in the right elbow and also pain in the right arm, extending from the elbow along the back of the arm, with sensations of pins and needles.

There is no bladder or bowel dysfunction. There is no trouble with swallowing. There is no double vision or dropping of the eyelids.

Over the years, Mr. Barbee was seen at UTMB. The medical records from UTMB make reference to an appointment with a neurologist, however the note from such as visit was not located in the medical records sent from UTMB. Two nerve conduction studies have been performed at UTMBN, on 4/11/2011 and on 6/9/2014. The findings of the second examination indicated only changes of muscles innervated by the C6-7 nerve, more on the left. There was tendon contractures of the bilateral elbows, which the examiner considered to be consistent with a collagen disease. Xrays of the elbows have shown mild arthritic changes that were mild in severity.

Due to worsening problems with the hip joints, Mr. Barbee underwent total hip replacements in both the right and left hips.

Medical records from UTMB indicate that the condition of Mr. Barbee's arms, and the reduced range of motion in them, has been an ongoing and prominent issue for him. There have been numerous I-60 grievances filed to bring his arm conditions and limitations to the attention of prison officials. In May 2006, Mr. Barbee noted that he could not raise his arms without pain. The position required to place handcuffs on his wrists could exacerbate pain, and sometimes was simply impossible, depending on the position on which his hands had to be held. By September 2006, Mr. Barbee was having difficulty with personal hygiene due to progressively limited use of his arms. Over the next several years, Mr. Barbee continued to file grievances related to the lack of medical care and attention he was receiving for his progressive arm problem. He noted that he had increasing pain and decreasing range of motion in the elbows. By July 2010, Mr. Barbee was reporting that he could not touch his face. An Xray in July 2011 noted joint destruction in the joints in the left elbow.

In September 2013, a PT clinic note indicated that Mr. Barbee was not able to extend his elbows fully and not able to reach his head. An Occupational Therapy note from April 2014 reported the significantly reduced range of motion in both elbows: the elbow range of motion should normally span from 0 degrees (completely extended) to 180 degrees (completely flexed). The right elbow in April 2014 ranged in motion from 38-114 degrees, and the left elbow ranged in motion from 60-100 degrees. This is significantly reduced range of motion.

Physical examination. Mr. Barbee was brought to the interview room in a wheelchair. He was awake, alert and cooperative. There were no unusual characteristics of his facial muscles. The muscles of the upper back and the pectoralis muscles were noted to be atrophic. There were no fasciculations. There was gynecomastia (enlargement of breast tissue) and the nipples were unusually small. There was full range of motion in the bilateral shoulders. The right elbow is fixed at about 140 degrees, and the left elbow is fixed at 90 degrees. The bilateral wrists are also fixed and immobilized.

The cranial nerves, which are nerves that exit from the base of the brain to supply the movement and sensation of the face and neck, were all normal. Specifically, extraocular movement was full. There was no facial weakness. Tongue movement was normal.

Strength: Muscle strength is rated on a 5-point scale; 5/5 is full strength, 4/5 indicates that strength is reduced against resistance however full against gravity; 3/5 indicates that there is no movement against resistance, however there is movement against gravity.

MUSCLE	RIGHT	LEFT
Deltoid	5/5	4/5

Bicep	3/5	4/5
Tricep	3/5	4/5
Wrist extensors	Cannot measure due to wrist immobility	Cannot measure due to wrist immobility
Wrist flexors	5/5	5/5
Finger extensors	5/5	5/5
Iliopsoas	5-/5	5-/5
Quadriceps	5/5	5/5
Hamstrings	5/5	5/5
Ankle dorsiflexors	5/5	4/5

Mr. Barbee was able to arise from the wheelchair with significant difficulty. He leaned on the table to support himself. He was not able to attempt to take steps as leg shackles were in place.

Reflexes. The deep tendon reflexes are intact in the bilateral arms, except the left triceps reflex cannot be elicited due to fixation of the left elbow.

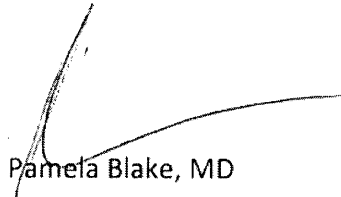
Impression. Mr. Barbee has a progressive medical condition that has resulted in progressive loss of range of motion of numerous joints, including the bilateral elbow and wrists, and weakness of muscles in the upper and lower extremities. This reduced range of motion has resulted in significant limitation of function, such that he is no longer able to walk or to attend to personal hygiene without assistive devices. The physical examination indicates the presence of atrophic, weak proximal (meaning close to the center of the body) muscles in the chest and upper extremity and also in the proximal lower extremities. There is a highly unusual pattern of joint fixation and immobility affecting the bilateral elbows and wrists; both of those joints are in a fixed position which significantly limits the use of the extremities. Neither of the arms can be extended.

The exact nature of the disorder that is affecting Mr. Barbee's hips is not clear to me. A specialist in neuromuscular disease, and perhaps also a specialist in rheumatologic disorders, would likely be needed to evaluate him and provide an opinion regarding possible diagnoses. The history of progressive weakness and the physical examination appear to suggest some type of proximal myopathy, meaning a muscular disorder affecting the proximal muscles of the upper extremities. The cause of the current muscular condition, however, is unclear, as to whether it is a cause of the joint fixation, or due to the loss of function of the upper extremities. Although the etiology of the muscle weakness and joint fixation is not clear, it is clear that the symptoms and findings on the physical examination indicate that this condition is not due to

the head injury. The onset of the condition was in his 30s and it has gradually progressed to involve all extremities.

Regardless of the etiology, it is clear that Mr. Barbee does have atrophy of the pectoralis muscles and the muscles of the upper back. Involvement of the chest muscles may predispose him to respiratory failure under light anesthesia, as the muscles involved in breathing may become nonfunctional quickly, leading to asphyxiation prior to loss of consciousness.

Despite the lack of clear understanding of the medical nature of Mr. Barbee's condition, it is clear that he has significantly reduced range of motion in his elbows. He is not able to lay his arms flat. Multiple sources of information attest to the presence of reduced range of motion in the elbows, and to the prolonged duration of this condition. It does not appear to be possible that intravenous agents could be administered to the veins in the antecubital space (the elbow) without forcefully extending the elbows, which would result in significant injury and pain in the elbows.



Pamela Blake, MD

Pamela Blake MD, FAHS
Board-Certified Neurologist
2711 Ferndale Street
Houston, TX 77098

October 9, 2022

Updated Neurological Evaluation of Stephen Barbee DOB 3/30/1967

I saw Stephen Barbee at the request of his counsel, Richard Ellis, initially in September 2021 to provide a neurological opinion regarding Mr. Barbee's musculoskeletal condition which has resulted in profound loss of the range of motion of numerous joints. My report from the initial evaluation was submitted to Mr. Ellis on September 26, 2021. I have been asked by Mr. Ellis, to re-examine Mr. Barbee and to provide an updated opinion as to the current status of his condition, particularly regarding reduced range of motion in his elbows, and any complicating role that this condition may play in the administration of intravenous medications. Mr. Barbee remains incarcerated at the Polunsky Unit of the Texas Department of Criminal Justice, and I saw him there for a non-contact visit on September 30, 2022.

Sources of information previously and currently reviewed include:

- Declaration of Stephen Barbee, dated 8/20/2021
- Declaration of Adrian De La Rosa, Investigator for the Federal Public Defender, Capital Habeas Unit, Western District of Texas, dated 9/3/2021
- Medical records from UTMB Galveston
- Interview and physical examination of Mr. Barbee on September 24, 2021
- Interview of Mr. Barbee on September 30, 2022

There were no new records provided.

Update of Family medical history. There is no history of neurological conditions in the family. Mr. Barbee's father died in 2008 at an advanced age from colon cancer. Mr. Barbee states that he had rheumatoid arthritis. Mr. Barbee's mother passed away in October 2021, following a fall. Mr. Barbee had one brother, who died at the age of 20 in a car crash in 1983, and a sister who died at the age of 20 of an acute illness in 1981.

Review of Neurological history. We reviewed Mr. Barbee's personal medical history, particularly regarding the development of the idiopathic condition causing profound limitation of range of motion of multiple joints.

Mr. Barbee continues to report that he was healthy as a child. He had no neurological conditions such as weakness, numbness, or difficulty with his gait. He was able to walk and fun normally. No one in the family had or has similar problems of weakness.

In 2005, Mr. Barbee was struck on the head by a very heavy metal pipe that fell from a height of 12 feet; the pipe struck with sufficient force to crack his hard hat. Mr. Barbee had a loss of consciousness, and he regained consciousness and awareness within an hour. He was assessed at Parkland hospital and a CT scan of the brain was negative. Mr. Barbee made a full recovery from the injury and did not have any cognitive or physical symptoms for several months following the injury.

I confirmed that Mr. Barbee noticed weakness the onset of his symptoms in about 2005. The first symptoms occurred in the left arm in about 2005, when he was 37, and around 6-12 months after the head injury. There was no pain at the onset of the weakness. The weakness gradually progressed. Mr. Barbee noted that the muscles of the left arm would occasionally spontaneously contract and the arm would 'draw up' (meaning flex at the elbow) involuntarily. Mr. Barbee gradually lost the ability to extend (straighten) the left elbow within about a year.

The second extremity to be affected was the right leg, beginning in about 2007, when Mr. Barbee was aged 39. The muscles started involuntarily contracting as the left arm had.

The third extremity began to be affected was the left leg, beginning in about 2014, when Mr. Barbee was aged 48.

The fourth extremity began to be affected was the right arm, beginning in about 2018, when Mr. Barbee was aged 50.

The weakness in the arms progressed steadily to the point at which Mr. Barbee lost function of both of his arms. The elbow joints became progressively more fixed, with progressively reduced range of motion, to the point at which Mr. Barbee had almost no functional use of the arms. The left arm is more affected with regard to reduced range of motion; there is currently almost no movement of the left elbow. There is reduced range of motion in the right elbow and also pain in the right arm, extending from the elbow along the back of the arm, with sensations of pins and needles.

There continues to be no involvement of bladder or bowel dysfunction. There is no trouble with swallowing. There is no double vision or dropping of the eyelids.

Over the years, Mr. Barbee was seen at UTMB. The medical records from UTMB make reference to an appointment with a neurologist, however the note from such as visit was not located in the medical records send from UTMB. Two nerve conduction studies have been

performed at UTMBN, on 4/11/2011 and on 6/9/2014. The findings of the second examination indicated only changes of muscles innervated by the C6-7 nerve, more on the left. There was tendon contractures of the bilateral elbows, which the examiner considered to be consistent with a collagen disease. Xrays of the elbows have shown mild arthritic changes that were mild in severity.

Due to worsening problems with the hip joints, Mr. Barbee underwent total hip replacements in both the right and left hips, the right side in 2009 and the left in 2016.

Medical records from UTMB indicate that the condition of Mr. Barbee's arms, and the reduced range of motion in them, has been an ongoing and prominent issue for him. There have been numerous I-60 grievances filed to bring his arm conditions and limitations to the attention of prison officials. In May 2006, Mr. Barbee noted that he could not raise his arms without pain. The position required to place handcuffs on his wrists could exacerbate pain, and sometimes was simply impossible, depending on the position on which his hands had to be held. By September 2006, Mr. Barbee was having difficulty with personal hygiene due to progressively limited use of his arms. Over the next several years, Mr. Barbee continued to file grievances related to the lack of medical care and attention he was receiving for his progressive arm problem. He noted that he had increasing pain and decreasing range of motion in the elbows. By July 2010, Mr. Barbee was reporting that he could not touch his face. An Xray in July 2011 noted joint destruction in the joints in the left elbow.

In September 2013, a PT clinic note indicated that Mr. Barbee was not able to extend his elbows fully and not able to reach his head. An Occupational Therapy note from April 2014 reported the significantly reduced range of motion in both elbows: the elbow range of motion should normally span from 0 degrees (completely extended) to 180 degrees (completely flexed). The right elbow in April 2014 ranged in motion from 38-114 degrees, and the left elbow ranged in motion from 60-100 degrees. This is significantly reduced range of motion.

Physical examination. *At the previous visit*, Mr. Barbee was brought to the interview room in a wheelchair. He was awake, alert and cooperative. There were no unusual characteristics of his facial muscles. The muscles of the upper back and the pectoralis muscles were noted to be atrophic. There were no fasciculations. There was gynecomastia (enlargement of breast tissue) and the nipples were unusually small.

The examination of the September 30, 2022 visit was not a contact visit, but rather in the usual small interview room with glass separating me from Mr. Barbee. I was able to visualize Mr. Barbee well, and despite the limited space available for movement by him, I was able to assess in a more detailed manner, visually, the range of motion for multiple joints, as follows:

SHOULDERS: There was full range of motion in the bilateral shoulders in 2021; today, the range of motion is limited in extension (lifting the arms overhead) such that Mr. Barbee is unable to extend the shoulders at all. He is unable to lift his arms over his head at all.

ELBOWS: In 2021, the right elbow was fixed at about 140 degrees, and the left elbow was fixed at 90 degrees. In 2022, the examination is essentially unchanged. The right elbow is fixed at about 130 degrees, and the left elbow at about 90 degrees. There is no meaningful range of motion in either elbow.

WRISTS: The bilateral wrists are also fixed and immobilized. Mr. Barbee has only about ten degrees of flexion of the right wrist (bending the wrist so that the palm of the hand moves closer to the forearm), and there is no extension of the right wrist (pulling the hand back). On the left wrist, there is only about 5 degrees of flexion, and there is no extension.

METACARPOPHALANGEAL JOINTS (CONNECTING PALM OF HAND TO FINGERS): These joints are unaffected bilaterally.

PROXIMAL INTERPHALANGEAL JOINTS (THE CLOSER OF THE TWO JOINTS OF THE FINGERS): These joints are unaffected bilaterally.

DISTAL INTERPHALANGEAL JOINTS (THE MORE DISTANT OF THE TWO JOINTS OF THE FINGERS): These joints are unaffected bilaterally.

HIPS: There is reduced flexion of both hips (lifting the leg up) bilaterally, to about 45 degrees. It was not possible to assess hip extension (moving the leg behind the body) due to lack of space in the room.

KNEES: It was difficult to assess range of motion in the knees due to lack of space. There was more range of motion in both knees.

CERVICAL SPINE: There was significantly reduced range of motion in the cervical spine in flexion (touching chin to chest) and extension (pulling head back). There was no lateral movement (pulling the ear down to the shoulder). Head turn was about 40 degrees to the right and about 35 degrees to the left.

LUMBAR SPINE: Lumbar spine extension (leaning back) was reduced, although the degree to which it was reduced could not be assessed due to lack of space. Lumbar spine flexion was full.

Regarding neurological function, the cranial nerves, which are nerves that exit from the base of the brain to supply the movement and sensation of the face and neck, were all normal in 2021 and continue to be so now. Specifically, extraocular movement was full. There was no facial weakness. Tongue movement was normal. Speech was normal. There was no evidence of a cognitive disorder.

Strength could not be assessed today. In 2021, muscle strength was examined and rated on the standard 5-point scale, in which 5/5 is full strength against resistance, 4/5 indicates that strength is reduced against resistance however full against gravity; 3/5 indicates that there is no movement against resistance, however there is movement against gravity.

MUSCLE	RIGHT	LEFT
Deltoid	5/5	4/5
Bicep	3/5	4/5
Tricep	3/5	4/5
Wrist extensors	Cannot measure due to wrist immobility	Cannot measure due to wrist immobility
Wrist flexors	5/5	5/5
Finger extensors	5/5	5/5
Iliopsoas	5-/5	5-/5
Quadriceps	5/5	5/5
Hamstrings	5/5	5/5
Ankle dorsiflexors	5/5	4/5

Mr. Barbee was able to arise from the wheelchair today with significant difficulty. He leaned on the table to support himself.

Deep tendon reflexes could not be assessed in 2022 due to the non-contact nature of the visit. The deep tendon reflexes previously had been intact in the bilateral arms, except the left triceps reflex cannot be elicited due to fixation of the left elbow.

Impression. Mr. Barbee continues to exhibit a progressive medical condition that has resulted in progressive loss of range of motion of numerous joints, including the bilateral elbow and wrists, and weakness of muscles in the upper and lower extremities. The disorder is much more prominent in the proximal joints, meaning the joints that are closer to the trunk. This reduced range of motion has resulted in significant limitation of function, such that he is no longer able to walk or to attend to personal hygiene without assistive devices. He has difficulty arising from a chair due to hip flexor weakness and lack of extension of the spine. There continues to be a highly unusual pattern of joint fixation and immobility affecting the bilateral elbows and wrists; both of those joints are in a fixed position which significantly limits the use of the extremities. Neither of the arms can be extended.

The exact nature of the disorder that is affecting Mr. Barbee's joints remains unclear to me. The disorder is affecting the proximal joints more than the distal joints, mimicking other medical conditions such as muscle disorders that affect proximal locations more so than distal. The evaluation by a specialist in neuromuscular disease, and also a specialist in rheumatologic disorders, would be helpful. The fixation of the joints, however, means that it is highly unlikely that any treatment would provide benefit at this point.

There are two factors that strongly indicate that this condition is not being feigned: (1) the highly consistent findings from a year ago, and (2) the distribution of the joint involvement having a common medical predilection for proximal involvement.

Despite the lack of clear understanding of the medical nature of Mr. Barbee's condition, it is clear that he has significantly reduced range of motion in multiple joints, particularly the elbows and wrists. He is not able to lay his arms flat. Multiple sources of information attest to the presence of reduced range of motion in the elbows, and to the prolonged duration of this condition. It does not appear to be possible that intravenous agents could be administered to the veins in the antecubital space (the elbow) without forcefully extending the elbows, which would result in significant injury and pain in the elbows. Additionally, his difficulty in ambulation, arising from a chair, and moving his arms indicates that Mr. Barbee does not pose any risk of danger to others.

Pamela Blake, MD / eu

Pamela Blake, MD

APPENDIX 6

CAUTION: This email was received from an EXTERNAL source, use caution when clicking links or opening attachments.
If you believe this to be a malicious and/or phishing email, please contact the Information Security Office (ISO).

Ms. Worman: Enclosed is a request for information regarding execution procedures for Stephen Barbee (TDCJ No. 999507) whose execution is scheduled for October 12, 2021.

Your prompt response will be appreciated.

A. Richard Ellis, Atty. at Law

75 Magee Ave.

Mill Valley, CA 94941

(415) 389-6771

FAX (415) 389-0251

Attorney for Stephen Barbee

A. RICHARD ELLIS

Also admitted in:
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Mill Valley, CA 94941
Tel.: (415) 389-6771
FAX: (415) 389-0251
a.r.ellis@att.net

September 9, 2021

Mr. Bobby Lumpkin
Director, Correctional Institutions Division
Texas Department of Criminal Justice
Huntsville, Texas 77342

Via email transmission to:
TDCJ General Counsel Kristen Worman: Kristen.Worman@tdcj.texas.gov

**Re: Stephen Dale Barbee, TDCJ No. 999507, scheduled for execution on
October 12, 2021.**

Dear Mr. Lumpkin:

I represent Stephen Dale Barbee (TDCJ No. 999507), who is scheduled for execution on October 12, 2021. I am writing to inquire about whether any measures have been taken or are planned to be taken regarding Mr. Barbee's long-standing arm immobility issues. His arms are so limited that he cannot place them in an outstretched position, as would be required when he is prone on the gurney. Mr. Barbee's advanced arthritis, nerve damage, and other conditions render him unable to hold his arms out straight in front of his body or straight out to the side. He cannot turn his hands palms-up. Mr. Barbee has been given a special pass that provides that he can, when he is transported, put his folded arms in front of his body without having to turn his palms upward. If Mr. Barbee is lying on his back, as he would be on the gurney, his palms cannot face upward with his arms stretched out. The only way his palms could theoretically face upwards is if his hands were bent above his shoulders. Additionally, at his last physical, blood was taken his pointer finger knuckle, not his wrist, and he was told that his blood cannot be drawn in the normal way. Mr. Barbee has told Warden Dickerson that

the only way the prison authorities would be able to straighten out his arms would be to break them. He has been having these problems since he first arrived in TDCJ death row, since about 2007.

Hence, my inquiry is the following:

- Whether accommodations have been made or are planned to be made to the gurney that would not involve having his arms stretched out straight at his sides, in a cross-like position?
- Whether the arms of the gurney are moveable or adjustable so as to allow for bent-arms
- Whether the execution can proceed without having Mr. Barbee's arms in a palms-up position
- Whether the intravenous injection can be delivered from a spot other than his wrist
- Whether the execution team at the Polunsky Unit have been made aware of the physical limitations of Mr. Barbee regarding his planned execution.

I look forward to your timely response.

Sincerely,

/s/ A. Richard Ellis

A. Richard Ellis

Attorney for Stephen Dale Barbee, TDCJ No. 999507

APPENDIX 7

RE: RE; STEPHEN DALE BARBEE TDCJ NO. 999507 (EXECUTION SCHEDULED OCT. 12, 2021)

From: Amy Lee (amy.lee@tdcj.texas.gov)

To: a.r.ellis@att.net

Cc: Kristen.Worman@tdcj.texas.gov

Date: Thursday, September 16, 2021, 05:18 PM PDT

Mr. Ellis,

The Texas Department of Criminal Justice (TDCJ) received your correspondence dated September 9, 2021, inquiring about whether any measures have been taken or planned to be taken regarding Mr. Barbee's long-standing arm immobility issues. The TDCJ also received your correspondence dated September 15, 2021, asking whether Mr. Barbee's spiritual advisor will be required to remain silent upon entering the execution chamber and whether the spiritual advisor will be allowed to pray audibly with Mr. Barbee while inside the execution chamber.

In response to both inquires, any concerns or complaints related to health-related matters or other confinement issues within the TDCJ's control are addressed by following the process as outlined in the Grievance Procedures for Offenders section of the TDCJ Offender Orientation Handbook. Mr. Barbee will need to follow the procedures as outlined for the TDCJ to aptly provide a response.

Amy Lee

Project Coordinator

Office of the General Counsel - TDCJ

The information contained in this email and any attachments is intended for the exclusive use of the addressee(s) and may contain confidential, privileged, or proprietary information. Any other use of these materials is strictly prohibited. This email shall not be forwarded outside the Texas Department of Criminal Justice, Office of the General Counsel, without the permission of the original sender. If you have received this material in error, please notify me immediately by telephone and destroy all electronic, paper, or other versions.

From: Richard Ellis <a.r.ellis@att.net>

Sent: Wednesday, September 15, 2021 3:43 PM

To: Kristen Worman <Kristen.Worman@tdcj.texas.gov>

Subject: RE; STEPHEN DALE BARBEE TDCJ NO. 999507 (EXECUTION SCHEDULED OCT. 12, 2021)

APPENDIX 8



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Ret'd to Offender: _____

Offender Name: Stephen Barbee TDCJ # 999507
 Unit: Polunsky Housing Assignment: 12AA04
 Unit where incident occurred: Polunsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Warden Dickerson When? July 9th, 2021

What was their response? Took a picture of my arms

What action was taken? N/A

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate.

I can not extend my arm's straight out with my palms up or down. If my arm's are forced to be straightened out in any way, it will cause extreme pain and suffering, because I lack the range-of-motion in both arm's. My arm's ~~has~~ hurt 24/7 as-is.

Something would break or tear if my arm's were to be forced straight out.

I've been trying for years for medical to give me medical to help me with this issue.

Copy also sent to: A. Richard Ellis
Attorney at Law
75 Magee Ave.
Mill Valley, CA 94941

Action Requested to resolve your Complaint: _____

Medical needs to fix my arms where I'm not in so much pain, so I can straighten out my arms.

Offender Signature: *Step 1*

Date: *9-15-21*

Grievance Response: _____

Signature Authority: _____

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2022005922
 Date Received: SEP 15 2021
 Date Due: 10/30/21
 Grievance Code: 608
 Investigator ID #: I2731
 Extension Date: _____
 Date Ret'd to Offender: SEP 20 2021

Offender Name: Stephen Barber TDCJ # 999507
 Unit: Polensky Housing Assignment: 12AA04
 Unit where incident occurred: Polensky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Warden Dickerson When? July 09, 2021

What was their response? Took pictures of my arms

What action was taken? N/A

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate.

I can not extend my arms straight out with my palms up or down. If my arms are forced to be straightened out in any way, it will cause extreme pain and suffering because I lack the range-of-motion in both arms. My arms hurt 24/7 as-is. Something would break or tear if my arms were to be forced straight out.

I've been trying for years for medical to give me medical to help me with this issue.

Copy also sent to: A. Richard Ellis
Attorney at Law
75 Magee Ave.
Mill Valley, CA 94941

Action Requested to resolve your Complaint.

Medical needs to fix my arm's where I'm not in so much pain so I can straighten out my arm's.

Offender Signature: *[Signature]*

Date: *9-15-21*

Grievance Response:

Review of your medical records reveals that you have not submitted any SCR to medical since July 2021 and you were seen by the provider for your complaint afterwards. Please follow the process in the future and submit a SCR listing your signs and symptoms. This office will schedule you an appointment with the provider. No further action warranted at this time.

Signature Authority: *[Signature]*

Date: *9/15/21*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2022005922
 UGI Recd Date: SEP 29 2021
 HQ Recd Date: OCT 1 2021
 Date Due: 11-12-21
 Grievance Code: 608
 Investigator ID#: 10352
 Extension Date: _____

Offender Name: Stephen Barbee TDCJ # 999507
 Unit: Polinsky Housing Assignment: 12 AA 04 72
 Unit where incident occurred: Polinsky

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I have filed many grievances about my arms.

Whoever investigated my Step 1 #2022005922 failed to read my many grievances which did nothing for my arms which have gotten worse over the years, because my grievances did nothing for me. Just like #2022005922

Copy sent to: A. Richard Ellis
Attorney at Law
75 Magee Ave
Mill Valley, CA 94941

Offender Signature: Steph B. B.Date: 9-28-21

Grievance Response:

A review of the Step 1 medical grievance has been completed regarding your complaint you cannot extend your arms straight out with your palms up or down. If your arms are forced to be straightened out in any way, it would cause extreme pain and suffering due to the lack of range-of-motion (ROM) in both arms. You complained something would break or tear if your arms were to be forced straight out. Also, you documented for years you have been trying to get help from medical about this issue.

An appellate review of your medical grievance and clinical records show you were seen 08/04/2021, for right elbow pain. You reported almost never exercising and having a sedentary lifestyle. During this visit the unit provider prescribed you the anti-inflammatory/pain medication Naproxen. On 08/25/2021, documentation show you were evaluated by the unit provider for the complaint of recurring pain/tenderness along the lateral aspect to your right elbow. The documentation indicated you had restricted ROM due to arthritic changes. During this visit you were given a right elbow steroid injection. All medication and treatments are ordered by the licensed medical provider, based on their clinical findings at the time of the evaluation or chart review.

Your medical record indicates you have been afforded access to medical care in accordance to Correctional Managed Health Care (CMHC) policy E-44.1. If your situation requires further evaluation, submit a Sick Call Request to the medical department.

Signature Authority: _____

Date: 10.14.2021Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

OFFICE USE ONLY

STEP 1

OFFENDER GRIEVANCE FORM

Offender Name: _____ TDCJ # _____

Unit: Prison Prison Assignment: 999507Unit where incident occurred: Prison 12AF72

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? _____ When? _____

What was their response? Allan C.O. 3-16-22What action was taken? didn't know

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

In regard to any future plans for my execution, I have had arm immobility issues for many years, and I cannot extend my arms straight on the gurney or with my palms-up position.

I need to know what if any accommodations are planned for my execution to prevent extreme pain or torture, If I am placed on the gurney with my arms out straight.

C/C A. Richard Ellis
Attorney at Law
75 Magee Ave
Mill Valley, CA 94941
415-389-6771

I don't know how TDCS will resolve this yet.

Action Requested to resolve your Complaint.

Offender Signature: *Steph B...*

3/16/22

Date:

Grievance Response:

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Stephen Barbee TDCJ # 499507
 Unit: Polunsky Housing Assignment: 12 AA 04
 Unit where incident occurred: Polunsky

OFFICE USE ONLY

Grievance #: _____
 UGI Recd Date: _____
 HQ Recd Date: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID#: _____
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

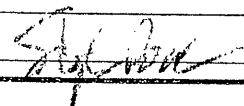
Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

My Step 1 with concerns how my arms will be Strapped down on the gurney was not clearly addressed with an explanation as to "How" my arms will be strapped down where it will Not cause extreme pain.

With TDCJ going far beyond their own policy to process my Step 1 grievance #2022076330 is causing extreme stress because I have a date of Nov. 16, 2022, and TDCJ has Not addressed this issue where it will be "clear" on how TDCJ will strap my body (arms) down without causing me great pain in their process. Not even an extension notice was given to me.

C/C

Richard Ellis
 Attorney at Law
 75 Magee Ave
 Mill Valley, CA 94941
 415-389-6771

Offender Signature: Date: 9-9-22

Grievance Response: _____

Signature Authority: _____

Date: _____

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

APPENDIX 9

